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No. 8390-15

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 45 Banks St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Maria Ottonello Martini (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Banks St. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Augustino Martini (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years ..... Months ..... Days. If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Housewife

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Italy

PARENTS

13 NAME OF FATHER: Giacomo Ottonello

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Domonica Oddone

16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant: Maria Cioffi (Address) 45 Banks St. Winthrop. Relation, if any: daughter

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress, M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/3/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: January (Month) 1 (Day), 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from August, 1939, to January 1, 1941. I last saw her alive on January 1, 1941, death is said to have occurred on the date stated above, at 10:25 P.m.

	Duration
Immediate cause of death: Terminal Bronchopneumonia	2 days
Due to: Cerebral Hemorrhage	4 mo.
Due to: Generalized arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

IMPORTANT

PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Date of .....
Of autopsy —
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Arthur E. Murray M. D.
(Address) Winthrop, Mass. Date 1/2 1941

21 St. Michaels Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL January 4 1941

22 NAME OF FUNERAL DIRECTOR John F. Dwaley
ADDRESS Winthrop Massachusetts

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

2

Registered No.....

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 328 Revere Street St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Ray Cutter (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR).....

(a) Residence. No. 328 Revere St St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... (Specify whether) years X months X days. In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Marie Mitchell Cutter (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 2 Months 15 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Laborer

10 Industry or Business: Laborer General Work

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER Sebastian Cutter

14 BIRTHPLACE OF FATHER (City) (State or country) Everett Mass

15 MAIDEN NAME OF MOTHER Marguerite Marguerite Ray

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Marie M. Cutter (Address) 328 Revere St. Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Chickerella (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/3/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 2 (Day), 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at unknown m.

Immediate cause of death ..... Duration IMPORTANT

Natural causes

Due to Presumably coronary

Due to occlusion

Other conditions ..... (Include pregnancy within 3 months of death)

Referred by Medical Examiner to Winthrop Board of Health

Major findings: Of operations ..... Date of .....

Of autopsy none

What test confirmed diagnosis? .....

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Arthur C. Morrison, M. D.

(Address) Winthrop Mass. Date 1/3 1941

21 Mullen Cem. Mullen

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 5th Mullen 1941

22 NAME OF FUNERAL DIRECTOR C. J. Bean

ADDRESS Winthrop Mass

Received and filed ..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 3

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna (Kedey) Campbell (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 99I Shirley St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months 7 days. In this community 7 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Robert M Campbell
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 5 Months 8 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. .....

12 BIRTHPLACE (City) St. Johns
(State or country) New Brumswick

PARENTS

13 NAME OF FATHER William Kedey

14 BIRTHPLACE OF FATHER (City) St. Johns
(State or country) New Brumswick

15 MAIDEN NAME OF MOTHER Jane Size

16 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) New Brumswick

17 Informant William Morrison Relation, if any (Son in Law)
(Address) 99I Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress M.D.
(Signature of Agent of Board of Health or other)

Health Officer 1/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 2, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 11, 1940 19..., to January 2, 1941 19...
I last saw her alive on January 2, 1941, death is said to have occurred on the date stated above, at 2:30 p.m.

Immediate cause of death ..... Duration
Carcinoma of Cecum, perforated app. 4mos

Due to .....

Due to .....

Other conditions Arteriosclerosis; hypertension 10yr
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of Cecum, perforated
Date of 12/26/40
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Chas. Wagman M. D.
(Address) CHAS. WAGMAN, M.D. 5 WASHINGTON AVENUE WINTHROP, MASS.

JAN 3 1941

21 Place of Burial, Cremation or Removal New Brumswick (City or Town)
DATE OF BURIAL Jan 4 19 41

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed ..... 19...
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 4

PLACE OF DEATH

1 (County) Suffolk

(City or Town) Winthrop

No. 60 Bates Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Vincent L. Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 60 Bates Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 19 yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 19 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Employed

10 Industry or Business: General

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Boston

PARENTS

13 NAME OF FATHER Louis E. Smith

14 BIRTHPLACE OF FATHER (City) (State or country) Portsmouth N.S.

15 MAIDEN NAME OF MOTHER Sarah McFadden

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Sarah Smith (Relation, if any) (Mother)
(Address) 60 Bates Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 1/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 3 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 2, 1941, to Jan 3, 1941, I last saw h... alive on Jan 3, 1941, death is said to have occurred on the date stated above, at 8:45 A.M.

Immediate cause of death ..... Duration
Pneumonia lobar — IMPORTANT
Due to Pneumonia lobar
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) Winthrop Date 1/3 1941

21 Winthrop Cem. Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 5 1941

22 NAME OF FUNERAL DIRECTOR Thos. F. Connolly
ADDRESS 1467 Wash. St. Boston

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 5

PLACE OF DEATH

1 (County) Suffolk

(City or Town) Winthrop

No. 36 Prospect Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Louise Hewitt (If U. S. War Veteran, specify WAR) None

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 36 Prospect Ave. St. (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution None years months days. (Specify whether) In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Secretary

10 Industry or Business: W. S. Rubber Co.

11 Social Security No. 01207-8422

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER John G. Hewitt

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Mary Ann Brown

16 BIRTHPLACE OF MOTHER (City) (State or country) St. John N. Brunswick

17 Informant Mrs. Eliz. L. Moran Relation, if any sister
(Address) 36 Prospect Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chellgren
(Signature of Agent of Board of Health or other)

Health Officer 1/6/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 3 1941.
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 1940 to January 3 1941
I last saw h— alive on January 3 1941, death is said to have occurred on the date stated above, at 11:45 p. m.

Immediate cause of death Carcinoma of Stomach — Duration 6 mos.

Due to General Carcinomatosis — 1 month

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical & X-rays.

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D. M. D.
(Address) 562 Shirley St. Winthrop Date Jan 3 1941

21 Place of Burial, Cremation or Removal. Holy Cross. Malden (City or Town)
DATE OF BURIAL Jan 6 1941

22 NAME OF FUNERAL DIRECTOR A. C. Kirby
ADDRESS Boston

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39, No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Grafton (City or town making return)

Registered No. 6

1 PLACE OF DEATH: Worcester (County); Grafton (City or Town)

No. Grafton State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alvah A. Belcher (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Not Learned St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution G.S.H. (Specify whether) 37 years 9 months 25 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Fisherman

10 Industry or Business: Not Learned

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER: Samuel Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Not Learned

16 BIRTHPLACE OF MOTHER (City) Raymond (State or country) New Hampshire

17 Informant Grafton State Hosp. (Address) No. Grafton, Mass. Relation, if any (Records)

A TRUE COPY.

ATTEST: Robert S. Leonard (Registrar of city or town where death occurred)

DATE FILED January 7, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 3, (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 6, 1940, to January 3, 1941

I last saw him alive on Jan. 3, 1940, death is said to have occurred on the date stated above, at 1:30 P.M.

Immediate cause of death Uremia — Duration: Sev. mos.

Due to Hydronephrosis — Many yrs.

Due to Hypertrophy of prostate — Many yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clin. & Lab.

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. E. Patton, M. D.

(Address) No. Grafton, Mass. Date 1/4 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Hillcrest, (Cemetery) No. Grafton (City or Town)

DATE OF BURIAL January 7, 1941

22 NAME OF FUNERAL DIRECTOR Milton E. Temple

ADDRESS North Grafton

Received and filed 19

(Registrar of City or Town where deceased resided)

FEB-3 1941

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Melrose
(City or town making return)

Registered No. 7

1 PLACE OF DEATH
Middlesex (County)
Melrose (City or Town)
No. Melrose Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude C. Grobe
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 60 Cliff Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution 9 weeks years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 48 Years 5 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: School Teacher

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER Adolph Grobe

14 BIRTHPLACE OF FATHER (City)
(State or country) Germany

15 MAIDEN NAME OF MOTHER Carrie L. DeMond

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Adolph Grobe (Relation, if any father)
(Address) 11 Derring Ave., Braintree, Mass.

A TRUE COPY. Raymond H. Greenhaur
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED Jan. 7, 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 4, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1925, 19, to Jan. 4/41, 19
I last saw her alive on Jan. 3/41, 19, death is said to have occurred on the date stated above, at 4:15 A.M.

	Duration
Immediate cause of death: Carcinoma of the stomach	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Exploratory Lap.
Date of Oct 29/40
Of autopsy
What test confirmed diagnosis? Clinical

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) R. W. Layton M. D.
(Address) Melrose, Mass. Date 1/4/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL Jan. 6, 1941 19

22 NAME OF FUNERAL DIRECTOR A. E. Ballantyne
ADDRESS Melrose, Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

JAN 16 1941

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 8

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 316 Bowdoin St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Joshiah Drew Bruce (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) None

(a) Residence. No. 316 Bowdoin St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ~~None~~ (Specify whether) years months days. In this community 24 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Moore (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Mechanic Signal service

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER: Solomon Bruce

14 BIRTHPLACE OF FATHER (City) Hanover (State or country) N.H.

15 MAIDEN NAME OF MOTHER: Caroline Drew

16 BIRTHPLACE OF MOTHER (City) Hanover (State or country) N.H.

17 Informant: Mrs. Mary Bruce (Relation, if any: Wife)
(Address) 316 Bowdoin St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childs
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/8/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: January (Month) 6 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 5, 1937, to January 6, 1941

I last saw him alive on January 6, 1941, death is said to have occurred on the date stated above, at 3 P.M.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 1 year

Due to: Arteriosclerosis — 2 years

Due to: Chronic Interstitial Nephritis — 2 years

Other conditions: Terminal Broncho-Pneumonia — 4 days

(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: None
Date of
Of autopsy: None
What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 362 Shirley St. Winthrop, Mass. Date Jan. 7, 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL: Jan 9 1941

22 NAME OF FUNERAL DIRECTOR: R. C. Kirby
ADDRESS: Boston

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person wbom he bas attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by tbe pbysician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or otber person sball exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb otber than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town wbere the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of tbe attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, bis certificate cannot be obtained early enough for the purpose, or is insufficient, a pbysician wlio is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, tbe medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within tbe commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal sball constitute a permit for such removal; provided, that such body shall be returned to the town from wbich it was removed within thirty-six bours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in tbe army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon tbe permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom tbe permit is so given and tbe physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of tbe death, whicb the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof whicb have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which tbe interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deatbs only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, bave died without recent medical attendance or whose pbysician is absent from bome when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deatbs from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, aspbyxia, astbenia, etc. As principal cause name the disease causing deatb. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of tbe principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing deatb, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman wlioose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person wbo had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 9

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 40 Thornton Park St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lucy Hope (Howes) Chace (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 40 Thornton Park St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Fredrick B Chace (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 4 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Chatham (State or country) Mass.

PARENTS

13 NAME OF FATHER: Daniel Howes

14 BIRTHPLACE OF FATHER (City) Chatham (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Hope Atkins

16 BIRTHPLACE OF MOTHER (City) Chatham (State or country) Mass.

17 Informant Fredrick B Chace (Relation, if any) Husband (Address) 40 Thornton Park Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Muldeen
(Signature of Agent of Board of Health or other)

Health Officer 1/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 6 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 19, 1940, to December 26, 1940

I last saw her alive on December 26, 1940, death is said to have occurred on the date stated above, at 3:15 P. m.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension — years

Due to: Generalized arteriosclerosis — years

Other conditions (Include pregnancy within 3 months of death)

Duration — IMPORTANT

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:

Of operations: Date of

Of autopsy: —

What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William C. Murray, M. D.

(Address) Winthrop Mass. Date 1/7 1941

21 Methodist Union Chatham
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan. 9 1941

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass.

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

M R-301 A

N. B. WHEN PLANNING, WITH A VIEW TO MAKING BLACK INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 411 Shirley St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Cohen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 411 Shirley St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Sela Lefkowitz (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 40 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Tailor

10 Industry or Business: For Himself

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Saul Cohen

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Cannot be learned.

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Aaron Cohen Relation, if any (Son)
(Address) 411 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

Death Officer (Official Designation) 1/7/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 6 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from August, 1939, to Jan 6, 1941. I last saw alive on Jan 6, 1941, death is said to have occurred on the date stated above, at 7:50 P.M.

Immediate cause of death Heart Block — Duration 2 wks

Due to Arteria Sclerotic Heart Disease — 2 yrs.

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:
Of operations no Date of .....
Of autopsy no
What test confirmed diagnosis? E.K.G.

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Charles Lieberman, M. D.
(Address) 76 Water Way Date 1/6/1941

21 Winthrop Cem. Place of Burial, Cremation or Removal (City or Town) Date of Burial Jan 7 1941

22 NAME OF FUNERAL DIRECTOR Samuel Stanetsky
ADDRESS 40 Washington St Dor

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 11

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Ryan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Ocean St Lynn St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Stephen Ryan

14 BIRTHPLACE OF FATHER (City) North Adams (State or country) Mass

15 MAIDEN NAME OF MOTHER Winifred Sannay

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant Mrs. Delia Sannan Relation, if any (grand mother)
(Address) 5 Florence Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 1/7/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 6 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 1 a.m.

	Duration
Immediate cause of death	
Due to Still born	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Louis Siegel, M. D.
(Address) Shirley Ave Revere Date ..... 19.....

21 Hol Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 7 1941

22 NAME OF FUNERAL DIRECTOR J. Murray Vincent Murray
ADDRESS 254 Beach St Revere

Received and filed ..... 19.....

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Ann McCarthy (If deceased is a married, widowed or divorced woman, give also maiden name) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 73 Angleside Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years months 1 days. In this community yrs. mos. 1 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days | If less than 1 day 9 Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER Charles E. McCarthy

14 BIRTHPLACE OF FATHER (City) Dorchester (State or country) Mass

15 MAIDEN NAME OF MOTHER Margaret E. Shea

16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Mass

17 Informant Charles E. McCarthy Relation, if any (Father) (Address) 73 Angleside Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chadwick (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/9/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 8 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1941, to Jan 8, 1941. I last saw he alive on Jan 8, 1941, death is said to have occurred on the date stated above, at 7:30 A.M.

Immediate cause of death

Intracranial hemorrhage (newborn) — Duration IMPORTANT 3 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy —
What test confirmed diagnosis?

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Arthur C. Emerson, M. D.
(Address) Montclair, Mass. Date 1/8 1941

21 Oak Grove Place of Burial, Cremation or Removal. Midford (City or Town)
DATE OF BURIAL Jan 9 1940

22 NAME OF FUNERAL DIRECTOR Frederick J. Magrath
ADDRESS 64 Meridian St. E. Boston

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

Kelley - see death C. H. Kelley

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 13

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. 100 Terrace Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John A. Thompson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) None

(a) Residence. No. 100 Terrace Ave St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution None (Specify whether) years months days. In this community 60 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: W Lots
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of Margaret Keeley
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 90 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired Artist

10 Industry or Business: Scenic

11 Social Security No. None

12 BIRTHPLACE (City) N. Y. City
(State or country) N. Y.

PARENTS

13 NAME OF FATHER John A. Thompson

14 BIRTHPLACE OF FATHER (City) N. Y. City
(State or country) N. Y.

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) N. Y. City
(State or country) N. Y.

17 Informant Mrs. C. Magnason (Son-in-law) Relation, if any
(Address) 100 Terrace Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Culbert
(Signature of Agent of Board of Health or other)
Health Officer 1/10/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 3 (Month) 3 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 3, 19..., to ..., 1941
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 2:35 m.

Immediate cause of death
Acute Pneumonia

Duration IMPORTANT

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address) ..., Date ..., 19...

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop
DATE OF BURIAL Jan 11 1941

22 NAME OF FUNERAL DIRECTOR R. O. Kelley
ADDRESS Revere

Received and filed ..., 19...
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent. 11

Registered No.....

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 28 Trident Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Angelike Pappas (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR).....

(a) Residence. No. 28 Trident Ave. St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. (Specify whether) In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of..... (Give maiden name of wife in full) (or) WIFE of John Pappas (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years..... Months..... Days | If less than 1 day ..... Hours..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No.....

12 BIRTHPLACE (City) (State or country) Greece

PARENTS

13 NAME OF FATHER Vasilios Valakos

14 BIRTHPLACE OF FATHER (City) (State or country) Greece

15 MAIDEN NAME OF MOTHER Sanoula Kolokithas

16 BIRTHPLACE OF MOTHER (City) (State or country) Greece

17 Informant William Pappas Relation, if any (Son)
(Address) 15 - Coral Ave (Winthrop)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 1/10/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 9 (Day) 1941. (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 10 1932 to January 9, 1941

I last saw h. a. alive on January 9, 1941, death is said to have occurred on the date stated above, at 12:30 a. m.

Immediate cause of death	Duration
Acute Coronary Thrombosis	3 days
Due to Arteriosclerosis	2 years
Due to Senility	2 years
Other conditions Congestive Heart Disease	3 yrs
(Include pregnancy within 3 months of death)	

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: none
Date of.....
Of autopsy: none
What test confirmed diagnosis? Clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Jacob Abrams M.D., M. D.
(Address) 562 Huntington St. Boston Date 1/9 1941

21 Mt. Hope Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 10 1941

22 NAME OF FUNERAL DIRECTOR Arthur B. Nasiotis
ADDRESS 1654 Washington (Boston)

Received and filed..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 15

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 60 Cliff ave Winthrop Mass St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Downing Willer (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) —

(a) Residence. No. 60 Cliff ave St. — (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution ..... years months days. ~~15~~ In this community 15 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Theodore E Willer (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 6 Months 30 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at Home —

10 Industry or Business: —

11 Social Security No. .....

12 BIRTHPLACE (City) New York City
(State or country) New York

PARENTS

13 NAME OF FATHER John Downing

14 BIRTHPLACE OF FATHER (City) Not Known
(State or country) Not Known

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City) Not Known
(State or country) Not Known

17 Informant Ward Turner Relation, if any (Son in Law)
(Address) 89 Cliff ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Culdeen
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 1/11/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. (Month) 9 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from December 20 1939, to January 9, 1941
I last saw her alive on January 9 1941, death is said to have occurred on the date stated above, at 8:30 a.m.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	3 days
Due to Arteriosclerosis	1 year
Due to Angina Pectoris	1 year
Other conditions (Include pregnancy within 3 months of death): none	

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations none
Date of .....
Of autopsy none
What test confirmed diagnosis? clinical & lab

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jacob Abrams M. D. M. D.
(Address) 562 Shirley St Winthrop Date 1/10 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town)
DATE OF BURIAL Jan 11 1941

22 NAME OF FUNERAL DIRECTOR Richard J. White
ADDRESS 147 Winthrop Mass.

Received and filed ..... 19.
(Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, fter the death of a person whom he has attended during his last lness, at the request of an undertaker or other authorized person r of any member of the family of the deceased, furnish for regis- ration a standard certificate of death, stating to the best of his nowledge and belief the name of the deceased, his supposed age, he disease of which he died, defined as required by section one, here same was contracted, the duration of his last illness, when last een alive by the physician or officer and the date of his death . . . *en. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a uman body in a town, or remove therefrom a human body which as not been buried, until he has received a permit from the board f health, or its agent appointed to issue such permits, or if there no such board, from the clerk of the town where the person died; nd no undertaker or other person shall exhume a human body and emove it from a town, from one cemetery to another, or from one rave or tomb other than the receiving tomb to another in the same emetery, until he has received a permit from the board of health or s agent aforesaid or from the clerk of the town where the body is uried. No such permit shall be issued until there shall have been de- vered to such board, agent or clerk, as the case may be, a satisfac- ory written statement containing the facts required by law to be eturned and recorded, which shall be accompanied, in case of an riginal interment, by a satisfactory certificate of the attending hysician, if any, as required by law, or in lieu thereof a certificate s hereinafter provided. If there is no attending physician, or if, for ufficient reasons, his certificate cannot be obtained early enough for he purpose, or is insufficient, a physician who is a member of the oard of health, or employed by it or by the selectmen for the pur- ose, shall upon application make the certificate required of the at- ending physician. If death is caused by violence, the medical exam- ner shall make such certificate. If such a permit for the removal of human body, not previously interred, from one town to another ithin the commonwealth cannot be obtained early enough for the urpose, the certificate of death made as above provided and in the ossession of the undertaker desiring to make such removal shall onstitute a permit for such removal; provided, that such body shall e returned to the town from which it was removed within thirty- ix hours after such removal, unless a permit in the usual form for he removal of such body has been sooner obtained hereunder. If the eath certificate contains a recital, as required by section ten of hapter forty-six, that the deceased served in the army, navy or arine corps of the United States in any war in which it has been ngaged, such recital shall appear upon the permit. The board of ealth, or its agent, upon receipt of such statement and certificate, hall forthwith countersign it and transmit it to the clerk of the own for registration. The person to whom the permit is so given nd the physician certifying the cause of death shall thereafter fur- isb for registration any other necessary information which can be btained as to the deceased, or as to the manner or cause of the eath, which the clerk or registrar may require.—*Chap. 114, Sec. 45, . L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 16

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 48 Bowdoin St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katie (Wheeler) Orcutt (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Bowdoin St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 41 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of William B. Orcutt (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Milford (State or country) New Hampshire

PARENTS

13 NAME OF FATHER Gilman Wheeler

14 BIRTHPLACE OF FATHER (City) Hancock (State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Gracia Kitridge

16 BIRTHPLACE OF MOTHER (City) Hancock (State or country) New Hampshire

17 Informant Mrs. Ethel Wurtz Relation, if any (daughter)
(Address) 48 Bowdoin St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

Jan. 11 '41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 10 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Dec 15, 1940, to Jan 10, 1941

I last saw h. alive on Jan 9, 1941, death is said to have occurred on the date stated above, at 3 A m.

Immediate cause of death

Due to Myocarditis
Cirrhosis Nephritis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

Duration IMPORTANT

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. Tomkonny, M. D.
(Address) Winthrop Mass Date 1-10- 1941

21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 12, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ..... 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws. Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 17

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 7 Myrtle Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marguerite (Harley) Seymour (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Myrtle Avenue St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Albert Edward Seymour (Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) North Carolina

PARENTS

13 NAME OF FATHER Richard Harley

14 BIRTHPLACE OF FATHER (City) (State or country) Georgia

15 MAIDEN NAME OF MOTHER --- Tamer Unable to obtain first name

16 BIRTHPLACE OF MOTHER (City) (State or country) Georgia

17 Informant Albert E. Seymour (husband) Relation, if any
(Address) 7 Myrtle Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/13/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 10, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 27, 1940, to Jan 9, 1941

I last saw her alive on Jan 9, 1941, death is said to have occurred on the date stated above, at 8.30 A.m.

Immediate cause of death: Cerebral Hemorrhage — Duration: 11/27/40

Due to Arteriosclerosis — —

Due to Hypertension — —

Due to Diabetes Mellitus — —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. Nathan Caplan, M. D.
(Address) 19 Merrimac St Wtn Date 1/11 1941

21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 13, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker** or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

N. B. WHITE PAPER, with CARBON INK is required. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 18

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 14 Egleton Park St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Atherton Tancred (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 14 Egleton Park St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 1 yrs. 6 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Peter Tancred (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 9 Months Days | If less than 1 day Hours Minutes

83

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) South Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Charles French

14 BIRTHPLACE OF FATHER (City) Marblehead (State or country) Mass

15 MAIDEN NAME OF MOTHER Ellen Lampbell

16 BIRTHPLACE OF MOTHER (City) Salem (State or country) Mass

17 Informant Charles Tancred (Relation, if any: Son)
(Address) 14 Egleton Pk, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress, M.D.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/13/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 12. 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/20, 1940, to 1/12, 1941

I last saw h. alive on 1/11, 1941, death is said to have occurred on the date stated above, at 12 p.m.

Immediate cause of death — Duration IMPORTANT

Pneumonia — 2 days

Due to Oedema of Lungs

Due to

Other conditions (Include pregnancy within 3 months of death)

General Arteriosclerosis

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry A. Kelly, M. D.
(Address) Winthrop Date 1/12 1941

21 Forest Hills Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 14, 1941

22 NAME OF FUNERAL DIRECTOR Geo. E. Gregg & Son
ADDRESS Newton Nathl. E. Gregg

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) Boston

Registered No. 577 19

1 PLACE OF DEATH (County) Suffolk (City or Town) Boston

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis O Ball (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 287 Main St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Frances W -- (Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 1 Months 8 Days | If less than 1 day Hours Minutes

9 Usual Occupation: insurance - retired

10 Industry or Business: office

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Hyde Park Mass

PARENTS

13 NAME OF FATHER Francis O Ball

14 BIRTHPLACE OF FATHER (City) (State or country) ---

15 MAIDEN NAME OF MOTHER Eunice Rogers

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant Henry E Keough (Address) 78 Waldemar Ave Winthrop Relation, if any friend

A TRUE COPY.

ATTEST: Francis J Gay (Registrar of city or town where death occurred)

DATE FILED 1/17/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 13 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/7/41, 19, to 1/13/41, 19, I last saw him alive on 1/13/41 19, death is said to have occurred on the date stated above, at 9/58A m.

Immediate cause of death cerebral hemorrhage — Duration dys

Due to arteriosclerotic heart disease — yrs

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W O'Connell, M. D.
(Address) Boston Date 1/13/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)
DATE OF BURIAL Jan 15 1941 19

22 NAME OF FUNERAL DIRECTOR C R Bennison
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

765
FEB 13 1941

M R-301 A

N. B.—WRITE PLAINLY, WITH OR ADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 20

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 20 Sagamore Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adoniram Judson Young (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Sagamore Avenue St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 66 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Susie Matilda Robertson (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years 5 Months 4 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Real Estate (retired)

10 Industry or Business: Office

11 Social Security No. .....

12 BIRTHPLACE (City) Corinna (State or country) Maine

PARENTS

13 NAME OF FATHER Alvin Young

14 BIRTHPLACE OF FATHER (City) Wiscasset (State or country) Maine

15 MAIDEN NAME OF MOTHER Martha Winchester

16 BIRTHPLACE OF MOTHER (City) St Albins (State or country) Maine

17 Informant Mrs. Susie M. Young (Relation, if any wife) (Address) 20 Sagamore Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/18/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 17 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov 30, 1940, to Jan 17, 1941. I last saw h. alive on Jan 16, 1941, death is said to have occurred on the date stated above, at 9.45 A. m.

Immediate cause of death: Chronic Endocarditis — Duration 3 yrs

Due to Gangrene of right foot — 2 weeks

Due to Arteriosclerosis — 3 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St Date 1/17/ 1941

21 Winthrop Cemetery Winthrop (Place of Burial, Cremation or Removal. (City or Town))
DATE OF BURIAL January 19, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ..... 19 .....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom be has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to tbe best of his knowledge and belief the naime of the deceased, his supposed age, the disease of which he died, definded as required by section one, where saime was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a buman body in a town, or remove therefrom a human body wbich has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a buman body and remove it from a town, from one cemetery to anotber, or from one grave or tomb other tban the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agcnt aforesaid or from the clerk of the town where the body is buried. No sucb permit sball be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing tbe facts required by law to be returned and recorded, whicb shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending pbysician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a pbysician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make tbe certificate required of the attending physician. If deatb is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for tbe purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for sucb removal; provided, that such body shall be returned to the town from wbich it was removed within thirty-six bours after sucb removal, unless a permit in the usual form for tbe removal of such body bas been sooner obtained bereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, sucb recital sball appear upon tbe permit. Tbe board of health, or its agent, upon receipt of sucb statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom tbe permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information whicb can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brougbt into the commonwealtb until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no sucb board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to bave the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of tbe following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to wbom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and tbose of persons **found dead.**

Statement of Cause of Death.—Cause of death means tbe disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to tbe principal cause and any important complication of tbe principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so tbat tbe relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation bad been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report tbe usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman wbose only occupation was tbat of home bousework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by tbe appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation wbatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augusta Walton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) None

(a) Residence. No. 124 Circuit Road St. Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution ..... years / months days. (Specify whether) In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Samuel Walton (Husband's name in full)

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Swedish masseur

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Wheeling (State or country) W. Virginia (Virginia)

PARENTS

13 NAME OF FATHER ? Jericho

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Germany

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Germany

17 Informant Mrs Flora M Walton Relation, if any (Sister-in-Law)
(Address) Stillriver Harvard, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddrey
(Signature of Agent of Board of Health, or other)

Health Officer 1/20/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 18 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 30, 1940, to January 18, 1941
I last saw her alive on January 15, 1941, death is said to have occurred on the date stated above, at 2:30 a. m.

Immediate cause of death — Duration IMPORTANT

Carcinoma of Lungs — ?

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harvey W. Kelly, M. D.
(Address) Winthrop Date 1/18 1941

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 20 1941

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS E Boston

Received and filed 19
(Registrar)

100m-2-'40-D-729-a

INSTRUCTIONS: (1) WRITE LEGIBLY. PRINT IN INK. THIS IS A PERMANENT RECORD. (2) Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 22

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 381 Winthrop St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J. Rahall
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 381 Winthrop St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 16 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Catherine Corcoran
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of ~~husband~~ or wife if alive 56 years

7 IF STILLBORN, enter that fact here. ~~56~~

8 AGE 63 Years 0 Months 12 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Leather Sorter (Retired)

10 Industry or Business: Leather Factory (shoe)

11 Social Security No. .....

12 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER: Patrick J Rahall

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Ireland

15 MAIDEN NAME OF MOTHER: Mary ?

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Unknown

17 Informant: Catherine Rahall (Relation, if any: Wife)
(Address) 381 Winthrop St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

HO — Jan 19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. (Month) 18 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 1, 1935 to Jan 18, 1941, I last saw h. alive on Jan 17, 1941, death is said to have occurred on the date stated above, at 5 A.m.

Immediate cause of death: Lobar pneumonia — 1 day
Due to: Fr. Suffocation — 1 day
Due to: Chronic pulmonary TB. — 3 yr.
Other conditions .....
(Include pregnancy within 3 months of death)

Duration IMPORTANT

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. Trudhomme, M. D.
(Address) 4 Winthrop St. Date 1/18 1941

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal (City or Town) 41
DATE OF BURIAL Jan. 20 19.....

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed ..... 19.....
(Registrar)

100m-2-'40-D-729-a

IN ALL CAPITAL, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent 23

Registered No.....

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 188 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Lillian Estelle Rich (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR).....

(a) Residence. No. 188 Woodside Ave. St..... (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... years months days. (Specify whether) In this community yrs. 8 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of..... (Give maiden name of wife in full)
(or) WIFE of Richard M. Rich (Husband's name in full)

6 Age of husband or wife if alive..... years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years..... Months..... Days | If less than 1 day ..... Hours..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: None ~~Hallowell~~

11 Social Security No. None

12 BIRTHPLACE (City) ~~Hallowell~~ (State or country) Maine

PARENTS

13 NAME OF FATHER: Ai C. Harrington

14 BIRTHPLACE OF FATHER (City) Topsham (State or country) Maine

15 MAIDEN NAME OF MOTHER: Emma E. Brown

16 BIRTHPLACE OF MOTHER (City) Brunswick (State or country) Maine

17 Informant: Donald Rich Relation, if any (Son)
(Address) Lincoln St. Fitchburg, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent 1/18/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 18, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May, 1940, to June 18, 1941
I last saw her alive on June 18, 1941, death is said to have occurred on the date stated above, at 7:30 A.m.

	Duration
Immediate cause of death: Cardiac Decompensation	1 hr.
Due to: Hypertensive Coronary Artery Heart Disease	5 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Date of.....
Of autopsy No
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Charles Lebreau, M. D.
(Address) 26 White Way Ave. Date 1/18/ 19 41

21 Forest Hills, Boston, Mass. (City or Town)
~~Place of Burial~~, Cremation or ~~Removal~~.
DATE OF BURIAL Jan. 20 19 41

22 NAME OF FUNERAL DIRECTOR A. Douglas Clark Putnam Funeral Parlors
ADDRESS 866 Main St. Worcester, Mass.

Received and filed..... 19.....
(Registrar)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, fter the death of a person whom he has attended during his last illness, t the request of an undertaker or other authorized person or of any ember of the family of the deceased, furnish for registration a standard ertificate of death, stating to the best of his knowledge and belief the ame of the deceased, his supposed age, the disease of which he died, efined as required by section one, where same was contracted, the uration of his last illness, when last seen alive by the physician or officer nd the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a uman body in a town, or remove therefrom a human body which has ot been buried, until he has received a permit from the board of health, r its agent appointed to issue such permits, or if there is no such board, rom the clerk of the town where the person died; and no undertaker or ther person shall exhume a human body and remove it from a town, from ne cemetery to another, or from one grave or tomb other than the receiv- ng tomb to another in the same cemetery, until he has received a permit rom the board of health or its agent aforesaid or from the clerk of the own where the body is buried. No such permit shall be issued until here shall have been delivered to such board, agent or clerk, as the case nay be, a satisfactory written statement containing the facts required by aw to be returned and recorded, which shall be accompanied, in case of an riginal interment, by a satisfactory certificate of the attending physician, f any, as required by law, or in lieu thereof a certificate as hereinafter rovided. If there is no attending physician, or if, for sufficient reasons, is certificate cannot be obtained early enough for the purpose, or is in- ufficient, a physician who is a member of the board of health, or em- loyed by it or by the selectmen for the purpose, shall upon application nake the certificate required of the attending physician. If death is caused y violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from ne town to another within the commonwealth cannot be obtained early nough for the purpose, the certificate of death made as above provided nd in the possession of the undertaker desiring to make such removal hall constitute a permit for such removal; provided, that such body shall e returned to the town from which it was removed within thirty-six ours after such removal, unless a permit in the usual form for the re- noval of such body has been sooner obtained hereunder. If the death ertificate contains a recital, as required by section ten of chapter forty- ix, that the deceased served in the army, navy or marine corps of the Jnited States in any war in which it has been engaged, such recital shall ppear upon the permit. The board of health, or its agent, upon receipt of uch statement and certificate, shall forthwith countersign it and transmit t to the clerk of the town for registration. The person to whom the permit s so given and the physician certifying the cause of death shall thereafter urnish for registration any other necessary information which can be btained as to the deceased, or as to the manner or cause of the death, vhich the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

Mediastinum

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 21

1 PLACE OF DEATH: Suffolk / Middlesex (County) — Winthrop (City or Town) — No. 33 Court Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Gustaf Adolph OLSON (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 33 Court Road St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 8 yrs. 6 mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Anna Peterson (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years 8 Months 5 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: General helper

10 Industry or Business: Club

11 Social Security No. Retired 1930

12 BIRTHPLACE (City) (State or country): Lidkoping Sweden

PARENTS

13 NAME OF FATHER: Peter Olson

14 BIRTHPLACE OF FATHER (City) (State or country): Cannot be learned Sweden

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned Sweden

17 Informant: Mrs. Anna Peterson Olson wife (Relation, if any)
(Address) 33 Court Road, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 1/21/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. (Month) 20 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1940, to Jan. 20, 1941

I last saw him alive on Jan. 19, 1941, death is said to have occurred on the date stated above, at 12 noon m.

Immediate cause of death: Cancer lung - mediastinum — Mediastinum

Duration: June '40.

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? X-ray

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) A. Ernest Miles, M. D.
(Address) 76 Boston Ave., W. Medford Date Jan. 20 1941

21 Place of Burial, Cremation or Removal: Woodlawn (City or Town) Everett, Mass.
DATE OF BURIAL Jan. 23 1941

22 NAME OF FUNERAL DIRECTOR A. E. Long & Son, Inc.
ADDRESS 1979 Mass. Ave., Cambridge

Received and filed ..... 19.....
(Registrar)

100m-2-'40-D-729-a

IMPORTANT — PHYSICIANS should state EXACTLY, Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 25

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 15 Williams St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William E. Burke (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 15 Williams St St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Mary Hayes
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Clerk

10 Industry or Business: U. S. Postoffice

11 Social Security No. .....

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Michael Burke

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Bridget Doran

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Nova Scotia

17 Informant Mary Burke (Relation, If any: Wife)
(Address) 15 Williams St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the Burial or transit permit was issued:

Wm. D. Cuddyer
(Signature of Agent of Board of Health or other)

Health Officer 1/23/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 21 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 15, 1941, to January 21, 1941
I last saw him alive on January 15, 1941, death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death ..... Duration (IMPORTANT)
Coronary thrombosis months

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

(IMPORTANT) PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 19..

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan. 24 1941 19..

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass.

Received and filed ..... 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-'39. No. 8427-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return)

Registered No. 26

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Terrance Cunningham (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence, No. 268 River Road Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mrs. J. McGillicuddy (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years ..... Months ..... Days; If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Accountant

10 Industry or Business: Coal & Oil

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: Patrick Cunningham

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Johanna Sheehan

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Ralph Cunningham (Address) 4 Paine St (Relation, if any) (Son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or Other)

Health Officer 1/27/41 (Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. 25 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Exposure.
Sprain Right ankle
Laceration Scalp
Contusion

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence Jan. 25 1941 19.....

Where did Injury occur? Winthrop (City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)

Manner of Injury: fell out auto snow bank

Nature of Injury: as above

While at work? no Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm. J. Buckley, M. D.

(Address) Boston June 25 1941

22 Place of Burial, Cremation or Removal: Winthrop Winthrop (City or Town)

DATE OF BURIAL Jan. 27 1941 19.....

23 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed ..... 19.....

A TRUE COPY ATTEST: (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Medfield
(City or town making return)

Registered No. 21 27

1 PLACE OF DEATH
Norfolk (County)
Medfield (City or Town)
No. Medfield State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Jane Keenan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hosp. 42 years 10 months 25 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: W.
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John Keenan
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER: James Armstrong
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Ann Gallagher
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Medfield St. Hosp. Relation, if any: (Records)

A TRUE COPY.
ATTEST: Charles W. Keirstead
(Registrar of city or town where death occurred)

DATE FILED Feb. 15, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec. 30, 1940, to Jan. 26, 1941
I last saw her alive on Jan. 26, 1941, death is said to have occurred on the date stated above, at 10:15 p.m.

	Duration
Immediate cause of death: Bronchopneumonia	2 days.
Due to Arteriosclerotic heart disease	years.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Phys. & Lab.

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. H. Laurence, M. D.
(Address) Harding, Mass. Date 1/27/ 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Lake, Medfield
(Cemetery) (City or Town)
DATE OF BURIAL Feb. 7, 1941

22 NAME OF FUNERAL DIRECTOR Joseph A. Roberts
ADDRESS 478 Main St., Medfield, Mass.

Received and filed Feb. 17 1941
(Registrar of City or Town where deceased resided)

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 28

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 105 Ocean View St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabella (MacDonald) Baker (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 105 Ocean View Street St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 28 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of Arthur Henry Baker (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 11 Months 4 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Halifax (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER Alexander MacDonald

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Scotland

15 MAIDEN NAME OF MOTHER Elizabeth Morrison

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Scotland

17 Informant Arthur H. Baker (Relation, if any husband)
(Address) 105 Ocean View St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 2/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 1 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Jan 1, 1941, to Feb 1, 1941, I last saw h. alive on Feb 1, 1941, death is said to have occurred on the date stated above, at 4:15 P. m.

Immediate cause of death: Cerebral hemorrhage — Duration 7 days

Due to: Hypertension

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. J. Anthony, M. D.
(Address) Winthrop Mass Date 2/3 1941

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 3, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Feb 3, 1941
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent. 29

Registered No.....

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 16 Wheelock St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace Franklin Downes (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR).....

(a) Residence. No. 16 Wheelock St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution..... (Specify whether) years months days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Clara A. Butterfield (Give maiden name of wife in full)

(or) WIFE of..... (Husband's name in full)

6 Age of husband or wife if alive.....years

7 IF STILLBORN, enter that fact here.

8 AGE 89 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Real Estate (retired)

10 Industry or Business: Office

11 Social Security No.....

12 BIRTHPLACE (City) Amesbury (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Horace Downes

14 BIRTHPLACE OF FATHER (City) Alfred (State or country) Maine

15 MAIDEN NAME OF MOTHER Susan Wheeler

16 BIRTHPLACE OF MOTHER (City) (City or town unknown) (State or country) Massachusetts

17 Informant Flora E. Downes Relation, if any (daughter)
(Address) Bryant Hotel Brockton Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddrey Jr.
(Signature of Agent of Board of Health or other)

Health Officer 2/4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 2 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct. 19, 1939, to Feb. 2, 1941

I last saw him alive on Feb. 1, 1941, death is said to have occurred on the date stated above, at 3 a. m.

Immediate cause of death..... Duration

IMPORTANT

Myocarditis — 3½ years

Due to Generalized arterio-sclerosis — 10 years

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
.....Date of.....
Of autopsy.....
What test confirmed diagnosis? Clinical

IMPORTANT
PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Gordon W. Richardson, M. D.
(Address) Winthrop Mass Date Feb. 3 1941

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 4, 1941 19.....

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed.....19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

REVERE NOTIFIED 2/6/41

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 30

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John H. Lewis (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 75 Pearl Ave. St. Revere (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution Hospital (Specify whether) years months 3 days. In this community ~~25~~ yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of Mary Helen O'Neil (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired-Storekeeper

10 Industry or Business: Grocery Store

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER: Enos Lewis

14 BIRTHPLACE OF FATHER (City) (State or country): Unknown

15 MAIDEN NAME OF MOTHER: Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country): Unknown

17 Informant (Address) William Keating (Relation, if any) (Friend) Washburn Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/3/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 2, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1938 to February 2, 1941

I last saw him alive on February 2, 1941, death is said to have occurred on the date stated above, at 5:20 P m.

Immediate cause of death: Hypertensive heart disease — Duration 2 yrs

Due to: Hypertension — do not know

Due to: Arteriosclerosis — do not know

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John F. Cochrane, M. D.
(Address) Revere Mass Date Feb. 2 1941

21 Holy Hood Cemetery (City or Town)
Place of Burial, Cremation or Removal
DATE OF BURIAL Feb. 5, 1941 19

22 NAME OF FUNERAL DIRECTOR Michael J. Porcella
ADDRESS 10 No. Benett St., Boston

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 31

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 11 Whittier St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Lewis Yirrell (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Whittier St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community yrs. 10 mos. ..... days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Mary MacAuley
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 0 Months 2 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: none

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) Brighton
(State or country) England

PARENTS

13 NAME OF FATHER Frederick Yirrell

14 BIRTHPLACE OF FATHER (City) London
(State or country) England

15 MAIDEN NAME OF MOTHER Emily Slater

16 BIRTHPLACE OF MOTHER (City) Manchester
(State or country) England

17 Informant Frederick Yirrell (Relation, if any son)
(Address) 11 Whittier St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 2/6/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 4, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1941, to February 4, 1941, I last saw him alive on Feb. 4, 1941, death is said to have occurred on the date stated above, at 12 noon m.

Immediate cause of death — Duration
Bronchio-Pneumonia — IMPORTANT 2 Days
Due to Cancer of the Stomach — 1 year
Due to .....
Other conditions Tbc
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations Laparatomy - C. A. of Stomach Date of 2/1/40
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) George H. Schwartz, M. D.
(Address) 19 Bruscton St. B.B. Date 2/5 1941

21 Place of Burial, Cremation or Removal. St. Joseph Cem. W. Roxbury (City or Town)
DATE OF BURIAL February 7, 1941

22 NAME OF FUNERAL DIRECTOR L. E. Parker
ADDRESS 300 Meridian St., E. Boston

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 32

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 153 Court Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dr. Augustine J. Bulger (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 153 Court Road St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 8 yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of Agnes C. Kenney (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Dentist

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Martin Bulger

14 BIRTHPLACE OF FATHER (City) St Johns (State or country) Nfld.

15 MAIDEN NAME OF MOTHER Mary Jane Keyes

16 BIRTHPLACE OF MOTHER (City) St Johns (State or country) Nfld.

17 Informant Mrs Claire A. Kiley (Address) 153 Court Road Winthrop Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/6/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 6 (Month) (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from May 1, 1941, to Feb. 6, 1941

I last saw him alive on Feb. 6, 1941, death is said to have occurred on the date stated above, at 11-30 A m.

Immediate cause of death: Chronic Myocarditis — Duration IMPORTANT 1940

Due to: Embolism — 1941

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations ..... Date of

Of autopsy

What test confirmed diagnosis? Stethoscope

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify

(Signed) Henry L. Dummer M. D.

(Address) 726 Saratoga St Date Feb 6 1941

21 Hollywood Brookline Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL Feb 10 1941

22 NAME OF FUNERAL DIRECTOR Robert H. Cheney

ADDRESS 541 E. Broadway Boston Mass

Received and filed ..... 19..... (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 84 33

1 PLACE OF DEATH: Suffolk (County); Chelsea (City or Town)

No. Soldiers' Home Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank J. Vera
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 84 Cottage Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital (Specify whether) years -- months -- days 24 In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Elizabeth MacIntosh
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 0 Months 15 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Engineer

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Provincetown
(State or country) Mass.

PARENTS

13 NAME OF FATHER Emmanuel P.

14 BIRTHPLACE OF FATHER (City)
(State or country) Azores

15 MAIDEN NAME OF MOTHER Caroline Perry

16 BIRTHPLACE OF MOTHER (City)
(State or country) Portugal

17 Informant Hospital Records Relation, if any ( )
(Address)

A TRUE COPY.

ATTEST: Joseph A. Russell City Clerk
(Registrar of city or town where death occurred)

DATE FILED Feb. 6, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 6, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 13 1941, to Feb. 6, 1941
I last saw him alive on Feb. 6, 1941 death is said to have occurred on the date stated above, at 7:40 A.M.

	Duration
Immediate cause of death: Bronchio-pneumonia	5 das
Due to Septicemia (streptococcus viridans)	2 wks
Due to Bilateral pyelonephritis	2 wk
Other conditions (Include pregnancy within 3 months of death) Chronic cystitis	?

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations none
Date of
Of autopsy see above
What test confirmed diagnosis? clinical, lab.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) , M. D.
(Address) Lewis Glazer Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Sold. Home 2/6 41
(Cemetery) Mt. Auburn, Cambridge
DATE OF BURIAL Crematory 19
Feb. 8, 1941

22 NAME OF FUNERAL DIRECTOR C.R. Bennison
ADDRESS 170 Winthrop St., Winthrop

Received and filed Feb. 6, 1941
(Registrar of City or Town where deceased resided)

763

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 34

1 PLACE OF DEATH: Sufflok (County) Winthrop (City or Town)

No. 5 Loring Rd. Winthrop Mass St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Colley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Loring Rd. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Helen Snow (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 9 Months 16 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Sole Cutter

10 Industry or Business: Leather Sole Factory

11 Social Security No. .....

12 BIRTHPLACE (City) Portland (State or country) Maine

PARENTS

13 NAME OF FATHER: Lewis C Colley

14 BIRTHPLACE OF FATHER (City) Portland (State or country) Maine

15 MAIDEN NAME OF MOTHER: Caroline O Boynton

16 BIRTHPLACE OF MOTHER (City) Hallowell (State or country) Maine

17 Informant Mrs. Edward Bagley (Relation, if any) Daughter (Address) 5 Loring Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/8/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 7 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from January 24, 1941, to February 6, 1941

I last saw him alive on February 4, 1941, death is said to have occurred on the date stated above, at 12:20 A.m.

Immediate cause of death: Cerebral accident — Duration 2 wks

Due to: hypertension — years

Due to: Generalized atherosclerosis — years

Other conditions: (Include pregnancy within 3 months of death) — years

Major findings:

Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis? Clinical

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Roland E. Murray M. D.

(Address) Winthrop Mass Date 2/7/ 1941

21 Waterside Marblehead
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 9 1941

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds

ADDRESS Winthrop Mass

Received and filed ..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, this certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

RELATIVES NOTIFIED

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 35

PLACE OF DEATH

1 (County) .....

(City or Town) Winthrop Mass

No. Winthrop Community St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Baby Girl~~ Tedeschi (If U. S. War Veteran, specify WAR) .....

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 124 Falcon St. E. Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS

13 NAME OF FATHER Gaetano Tedeschi

14 BIRTHPLACE OF FATHER (City) Boston Mass
(State or country)

15 MAIDEN NAME OF MOTHER Helen Ciancciarullo

16 BIRTHPLACE OF MOTHER (City) Boston, Mass
(State or country)

17 Informant Gaetano Tedeschi Relation, if any (Father)
(Address) 124 Falcon St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cluddress
(Signature of Agent of Board of Health or other)

Health Officer 2/12/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 11, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/11/41, 19....., to 2/11/41, 19.....
I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death ..... *Duration* IMPORTANT

Due to Stillborn

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. Lanzo M. D.
(Address) 238 Maverick Sq. E. B. Date 2/12/41

21 St. Michael's Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 12 1941

22 NAME OF FUNERAL DIRECTOR Clancy & Pietro
ADDRESS 244 Maverick St. E. B.

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 36

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 4 Atkinson Circle St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ellen (Morgan) Atkinson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Atkinson Circle St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 12 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William R. Atkinson (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER: John Morgan

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Cannot Be Learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant Henry Atkinson (Relation, if any: son)
(Address) 4 Atkinson Circle Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Chuldney
(Signature of Agent of Board of Health or other)

Health Officer 2/12/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 3, 1941, to February 11, 1941
I last saw h. alive on February 10, 1941, death is said to have occurred on the date stated above, at 3 A. m.

Immediate cause of death — Duration (IMPORTANT)
Cerebral Hemorrhage — 8 days
Due to: Arteria Sclerosis — 3 years
Due to:
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date Feb 12 1941

21 Holyhood Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 13 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, fter the death of a person whom he has attended during his last illness, t the request of an undertaker or other authorized person or of any ember of the family of the deceased, furnish for registration a standard rtificate of death, stating to the best of his knowledge and belief the ame of the deceased, his supposed age, the disease of which he died, efinded as required by section one, where same was contracted, the uration of his last illness, when last seen alive by the physician or officer nd the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a uman body in a town, or remove therefrom a human body which has ot been buried, until he has received a permit from the board of health, r its agent appointed to issue such permits, or if there is no such board, om the clerk of the town where the person died; and no undertaker or ther person shall exhume a human body and remove it from a town, from ne cemetery to another, or from one grave or tomb other than the receiv- g tomb to another in the same cemetery, until he has received a permit om the board of health or its agent aforesaid or from the clerk of the own where the body is buried. No such permit shall be issued until ere shall have been delivered to such board, agent or clerk, as the case ay be, a satisfactory written statement containing the facts required by w to be returned and recorded, which shall be accompanied, in case of an riginal interment, by a satisfactory certificate of the attending physician, any, as required by law, or in lieu thereof a certificate as hereinafter rovided. If there is no attending physician, or if, for sufficient reasons, s certificate cannot be obtained early enough for the purpose, or is in- fficient, a physician who is a member of the board of health, or em- oyed by it or by the selectmen for the purpose, shall upon application ake the certificate required of the attending physician. If death is caused y violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from e town to another within the commonwealth cannot be obtained early ough for the purpose, the certificate of death made as above provided nd in the possession of the undertaker desiring to make such removal all constitute a permit for such removal; provided, that such body shall e returned to the town from which it was removed within thirty-six ours after such removal, unless a permit in the usual form for the re- oval of such body has been sooner obtained hereunder. If the death rtificate contains a recital, as required by section ten of chapter forty- x, that the deceased served in the army, navy or marine corps of the nited States in any war in which it has been engaged, such recital shall ppear upon the permit. The board of health, or its agent, upon receipt of ch statement and certificate, shall forthwith countersign it and transmit to the clerk of the town for registration. The person to whom the permit so given and the physician certifying the cause of death shall thereafter rnish for registration any other necessary information which can be btained as to the deceased, or as to the manner or cause of the death, hich the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, *Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

PACE FOR ADDITIONAL INFORMATION.....

FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-39. No. 8127-h

PUBLIC RECORDS

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 37

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital (If death occurred in a hospital or institution, give NAME instead of street and number)

2 FULL NAME John B. Aiola (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 630 Boulevard Revere (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years months 5 days. In this community ~~51 yrs.~~ mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Superintendent
10 Industry or Business: Fire Alarm System

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Revere, Mass

PARENTS

13 NAME OF FATHER: Agustino Aiola
14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass
15 MAIDEN NAME OF MOTHER: Theresa C Repetto
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant: Frank J. McGlinchey Relation, if any .....
(Address) 630 Boulevard Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 2/15/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 13, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fractured Pelvis
Internal Injuries

20 Accident, suicide, or homicide (specify) Accident
Date of occurrence 2/13/41 19 .....
Where did Injury occur? Revere (City or town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? In Garage (Specify type of place)
Manner of Injury Fall from ladder
Nature of Injury .....
While at work? Yes Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Caroline J. Geary M. D.
(Address) Med Examiner Date 2/13/41

22 Holy Cross Cem Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 16 1941

23 NAME OF FUNERAL DIRECTOR F. J. McGlinchey
ADDRESS 583 Broadway Chelsea

Received and filed ..... 19 .....

A TRUE COPY ATTEST: (Registrar)

Sub Reg. A. C. Travers office (Revere)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . .—*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

.....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(BOSTON
(City or town making return)

38

Registered No. 1820

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernard McCabe (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 83 Faun Bar Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 28 Years 4 Months 10 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: chauffeur

10 Industry or Business: Comm truck

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: Thomas J McCabe

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass

15 MAIDEN NAME OF MOTHER: Kathryn Sullivan

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant (Address): father Relation, if any ( )

A TRUE COPY:
ATTEST: Francis J Gay
(Registrar of city or town where death occurred)

DATE FILED 2/15/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb 13 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
gun shot would of abdomen

? justifiable homicide

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19 .....

Where did Injury occur? Boston (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? in apartment (Specify type of place)

Manner of Injury: shot by police officer

Nature of Injury: .....

While at work? ..... Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) C J O'Leary
(Address) Boston Date 2/13/19 41 (M. D.)

22 Place of Burial, Cremation or Removal: Winthrop Winthrop Mass (City or Town)

DATE OF BURIAL 2/17/41 19

23 NAME OF FUNERAL DIRECTOR: C H Bennison
ADDRESS: Winthrop

Received and filed ..... 19 .....
(Registrar of City or Town where deceased resided)

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 39

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 17 Girdlestone Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Ellen Leary Downes (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 17 Girdlestone Rd St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Thomas J. Downes (Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. .....

12 BIRTHPLACE (City) St. Johns (State or country) Newfoundland

PARENTS

13 NAME OF FATHER: Patrick Leary

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Ireland

15 MAIDEN NAME OF MOTHER: Alice Whalen

16 BIRTHPLACE OF MOTHER (City) St. Johns (State or country) Newfoundland

17 Informant: Thomas Downs (Address) 17 Girdlestone Rd Relation, if any (Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/17/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb. (Month) 16 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 1, 1939 to Feb. 16, 1941 I last saw h. alive on Feb. 15, 1941, death is said to have occurred on the date stated above, at 7 A. m.

Immediate cause of death: Myocarditis

Due to: Uremia

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Duration IMPORTANT: 8 yrs

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G. Dunhoney, M. D.
(Address) G. Washington Date 2/16 1941

21 Place of Burial, Cremation or Removal: Holy Cross Malden (City or Town)
DATE OF BURIAL Feb. 18 1941 19..

22 NAME OF FUNERAL DIRECTOR: John F. O'Malley
ADDRESS: Winthrop

Received and filed ..... 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301 A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 40

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 217 Cliff Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Booth (Turner) Haigh (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 217 Cliff Avenue St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 34 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Thomas Hallas Haigh (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 11 Months 14 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Huddersfield
(State or country) England

PARENTS

13 NAME OF FATHER Edward Turner

14 BIRTHPLACE OF FATHER (City) .....
(State or country) England

15 MAIDEN NAME OF MOTHER Susanna Booth

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) England

17 Informant Christopher Haigh (Relation, if any son)
(Address) 217 Cliff Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chedsey
(Signature of Agent of Board of Health or other)

Health Officer 2/17/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 16 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1941, to Feb 16, 1941
I last saw he alive on Feb 16, 1941, death is said to have occurred on the date stated above, at 12 noon m.

Immediate cause of death Hypostatic Pneumonia — Duration 2 day

Due to Hypertension Heart disease Arteriosclerosis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible] Date 2/16 1941

21 Mount Auburn Cambridge
Place of ~~Burial~~, Cremation ~~or Removal~~ (City or Town)
DATE OF BURIAL February 18 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, fter the death of a person whom he has attended during his last illness, t the request of an undertaker or other authorized person or of any nember of the family of the deceased, furnish for registration a standard ertificate of death, stating to the best of his knowledge and belief the ame of the deceased, his supposed age, the disease of which he died, lefinded as required by section one, where same was contracted, the uration of his last illness, when last seen alive by the physician or officer nd the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a uman body in a town, or remove therefrom a human body which has ot been buried, until he has received a permit from the board of health, r its agent appointed to issue such permits, or if there is no such board, rom the clerk of the town where the person died; and no undertaker or ther person shall exhume a human body and remove it from a town, from ne cemetery to another, or from one grave or tomb other than the receiv-ng tomb to another in the same cemetery, until he has received a permit rom the board of health or its agent aforesaid or from the clerk of the own where the body is buried. No such permit shall be issued until here shall have been delivered to such board, agent or clerk, as the case nay be, a satisfactory written statement containing the facts required by aw to be returned and recorded, which shall be accompanied, in case of an riginal interment, by a satisfactory certificate of the attending physician, f any, as required by law, or in lieu thereof a certificate as hereinafter rovided. If there is no attending physician, or if, for sufficient reasons, is certificate cannot be obtained early enough for the purpose, or is in-ufficient, a physician who is a member of the board of health, or em-loyed by it or by the selectmen for the purpose, shall upon application nake the certificate required of the attending physician. If death is caused y violence, the medical examiner shall make such certificate. If such a ermit for the removal of a human body, not previously interred, from ne town to another within the commonwealth cannot be obtained early nough for the purpose, the certificate of death made as above provided nd in the possession of the undertaker desiring to make such removal hall constitute a permit for such removal; provided, that such body shall e returned to the town from which it was removed within thirty-six ours after such removal, unless a permit in the usual form for the re-noval of such body has been sooner obtained hereunder. If the death ertificate contains a recital, as required by section ten of chapter forty-ix, that the deceased served in the army, navy or marine corps of the Jnited States in any war in which it has been engaged, such recital shall ppear upon the permit. The board of health, or its agent, upon receipt of uch statement and certificate, shall forthwith countersign it and transmit t to the clerk of the town for registration. The person to whom the permit s so given and the physician certifying the cause of death shall thereafter urnish for registration any other necessary information which can be btained as to the deceased, or as to the manner or cause of the death, hich the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, *Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from n person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 41

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. 27 Ocean Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Albert Perry (If U. S. War Veteran, specify WAR) No
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 27 Ocean Ave Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 18 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Leah Stern
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of ~~husband~~ or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: PERRY-Fountain-Pen
10 Industry or Business: SERVICE - for himself

11 Social Security No. 023-03-6981

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Henry A.
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Bella Bershad
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Leah Perry Relation, if any (Wife)
(Address) 27 Ocean Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/18/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 18, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan. 1, 1940 to 2/18/41, 1941
I last saw ~~him~~ alive on 2/18/, 1941, death is said to have occurred on the date stated above, at 2:30 A. m.

Immediate cause of death Coronary thrombosis — 2 days
Due to Hypertension — 1 yr.
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy no
What test confirmed diagnosis? clinical

Duration

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Charles Liberman M. D.
(Address) 36 Wave Way Date 2/18 1941

21 Poland Cem. Woburn, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 18 1941

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
ADDRESS 10 Washington St. Chelsea Mass.

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 42

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 387 Shirley St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen A. (Reed) Gerth (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 387 Shirley St. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Harry W. Gerth (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Liner

10 Industry or Business: Furs

11 Social Security No. 011-12-8390

12 BIRTHPLACE (City) Danvers (State or country) Massachusetts

PARENTS

13 NAME OF FATHER: George Reed

14 BIRTHPLACE OF FATHER (City) Lynn (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Lynfield (State or country) Massachusetts

17 Informant Charles Carter (Address) 387 Shirley St., Winthrop Relation, if any ( )

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chudley
(Signature of Agent of Board of Health or other)

Health Officer 2/20/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 22, 19[illegible], to February 1, 19[illegible]

I last saw h[illegible] alive on February 1, 19[illegible], death is said to have occurred on the date stated above, at [illegible] m.

Immediate cause of death

Duration (IMPORTANT)

[illegible] Uterus [illegible]

Due to Uterus

Due to

Other conditions (Include pregnancy within 3 months of death)

(IMPORTANT) PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:

Of operations

Date of

Of autopsy

What test confirmed diagnosis? [illegible]

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible] Date 19

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL February 21 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop Massachusetts

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 43

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Lynn MacKay (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Beale St., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years months 12 days. In this community yrs. mos 2 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days | If less than 1 day Hours Minutes: 12

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) ~~Winthrop Community Hospital~~ (State or country) Winthrop, Mass.

PARENTS

13 NAME OF FATHER Franklin MacKay

14 BIRTHPLACE OF FATHER (City) East Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER Henrietta Bordeau

16 BIRTHPLACE OF MOTHER (City) Roxbury (State or country) Mass.

17 Informant Franklin MacKay (Relation, if any: Father)
(Address) 24 Beale St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 2/21/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 19, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from birth 2/17, 1941, to Feb 19, 1941
I last saw him alive on Feb 19, 1941, death is said to have occurred on the date stated above, at 6:15 P.M. m.

Immediate cause of death: Dehydration

Due to: Spina bifida } congenital

Due to: Hydrocephalus }

Other conditions (Include pregnancy within 3 months of death)

Duration IMPORTANT

Major findings:
Of operations: none Date of
Of autopsy: none
What test confirmed diagnosis? Clinical

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur J. Morrow, M. D.
(Address) Winthrop Mass Date 2/20 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL Feb. 21, 1941 19

22 NAME OF FUNERAL DIRECTOR [illegible]
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 44

PLACE OF DEATH

1 Suffolk. (County)

Winthrop. (City or Town)

No. 18 Tewksbury St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Nourse (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) none

(a) Residence. No. 18 Tewksbury St. Winthrop. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 17 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Harriett E. Looker. (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Metal Worker.

10 Industry or Business: Factory

11 Social Security No. None.

12 BIRTHPLACE (City) New York City (State or country) New York.

PARENTS

13 NAME OF FATHER: John M. Nourse.

14 BIRTHPLACE OF FATHER (City) ..... (State or country) England

15 MAIDEN NAME OF MOTHER: Alice R. Kennedy.

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland.

17 Informant Mary Gills (Relation, if any) Daughter (Address) 18 Tewksbury Street, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William P. Chelmes
(Signature of Agent of Board of Health or other)

Agent (Official Designation) Feb 22/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 21 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1941 to Feb 21, 1941

I last saw him alive on Feb 21, 1941, death is said to have occurred on the date stated above, at 9.30 p.m.

Immediate cause of death Bronchio-pneumonia — Duration Jan. 26, 41

Due to La Grippe — Jan 22-41

Due to Chronic arthritis — 1900

Other conditions Coronal Arteriosclerosis — 1930

(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:

Of operations none Date of .....

Of autopsy none.

What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hendrick Pickenday, M. D.

(Address) Winthrop Mass. Date 2/21 1941

21 St. Peters Cemetery, New Brunswick, N.J.

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Feb. 24 1941

22 NAME OF FUNERAL DIRECTOR S. Waterman & Sons

ADDRESS Boston Mass.

Received and filed ..... 19..

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 45

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 10 Beacon St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie S. Larkin (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) No

(a) Residence. No. 10 Beacon St St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Seamstress

10 Industry or Business: W.P.A.

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): England

PARENTS

13 NAME OF FATHER: Patrick W. Larkin

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Ann Corcoran

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Elizabeth Larkin (Relation, if any: Sister)
(Address) 10 Beacon St, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress
(Signature of Agent of Board of Health or other)

Health Officer 2/24/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Febuary (Month) 22 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19..., I last saw h[illegible] alive on [illegible], 19..., death is said to have occurred on the date stated above, at [illegible] m.

Immediate cause of death [illegible] Duration IMPORTANT

Due to

Due to

Other conditions [illegible]
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date [illegible] 19..

21 St. Joseph's Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Febuary 25 1941 19..

22 NAME OF FUNERAL DIRECTOR W. J. Cassidy
ADDRESS 160 Harrison Ave, Boston

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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Dr. Edward J. Grainger
200 Washington Ave,
Winthrop, Ocean 1100

RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2157

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Flora O'Toole (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 46

(a) Residence. No. 34 Pleasant St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Timothy O'Toole (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at home

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER: Hugh MacDonald

14 BIRTHPLACE OF FATHER (City) (State or country): N S

15 MAIDEN NAME OF MOTHER: Grace MacDonald

16 BIRTHPLACE OF MOTHER (City) (State or country): N S

17 Informant husband (Address) ..... Relation, if any ( )

A TRUE COPY. Francis J. Daly

ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED 2/26/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 22 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/6/41, 19..., to 2/22/41, 19..., I last saw her alive on 2/22/41, 19..., death is said to have occurred on the date stated above, at 7.30 P.m.

Immediate cause of death	Duration
carcinoma of the stomach	3½ mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W T S Thorndike, M. D.
(Address) Boston Date — 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden (Cemetery) (City or Town)
DATE OF BURIAL 2/25/41 19

22 NAME OF FUNERAL DIRECTOR J F O'Maley
ADDRESS Winthrop Mass

Received and filed 19
(Registrar of City or Town where deceased resided)

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 47

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 14 Egleton Park St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: ~~Elizabeth~~ Ellen Atherton Tancred (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 14 Egleton Park St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 1 yrs. 6 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 11 Months 6 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: None

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): BOSTON MASS

PARENTS

13 NAME OF FATHER: Peter Tancred

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass.

15 MAIDEN NAME OF MOTHER: Elizabeth A. French

16 BIRTHPLACE OF MOTHER (City) (State or country): S. Boston Mass

17 Informant: Charles F. Tancred (Relation, if any) Brother
(Address) 14 Egleton Pk. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress
(Signature of Agent of Board of Health or other)

Health Officer 2/24/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: February (Month) 23 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1-14-41, 19..., to 2-23, 1941, I last saw h. alive on 2-23, 1941, death is said to have occurred on the date stated above, at 1.30 p. m.

Immediate cause of death: Carcinoma of uterus

Duration

IMPORTANT

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: —
Date of
Of autopsy: —
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harvey [illegible], M. D.
(Address) [illegible] Date 2/23 1941

21 Place of Burial, Cremation or Removal: Forest Hills (City or Town) Boston
DATE OF BURIAL February 25, 1941

22 NAME OF FUNERAL DIRECTOR: Walter H. Gregg
ADDRESS: Newtonville

Received and filed 19...
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) 48

Registered No. 2184

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nathan W. Eaton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Villa Ave St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Abbie Henderson (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 3 Months 23 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: painter

10 Industry or Business: house

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Great Falls NH

PARENTS

13 NAME OF FATHER: Roland Eaton

14 BIRTHPLACE OF FATHER (City) (State or country): - Maine

15 MAIDEN NAME OF MOTHER: Martha Goodall

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant: Mrs Gladys Stevens (Relation, if any: dau)
(Address) above

A TRUE COPY.

ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 2/27/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 24 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/13/41, 19....., to 2/24/41, 19.....

I last saw him alive on 2/24/41, 19....., death is said to have occurred on the date stated above, at 2/30 A

	Duration
Immediate cause of death: carcinoma of esophagus with metastases	2 yrs
Due to	
Due to	2 wks
Other conditions: broncho pneumonia (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) H Benjamin, M. D.
(Address) Boston Date 2/24/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)

DATE OF BURIAL Feb 26 1941 19

22 NAME OF FUNERAL DIRECTOR H Reynolds

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 49

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet Maud Day (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 350 Winthrop St St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months 1 days. In this community 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)

(or) WIFE of — (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 6 Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Art teacher (Retired)

10 Industry or Business: Winthrop Public school

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston Mass.

PARENTS

13 NAME OF FATHER: Charles H. Day

14 BIRTHPLACE OF FATHER (City) (State or country): Maine

15 MAIDEN NAME OF MOTHER: Harriet N. Nichols

16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned. Cannot be learned

17 Informant: Charles H. Day Relation, if any: (Cousin)
(Address) 33 Westbourne Terrace Brookline Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D Childers
(Signature of Agent of Board of Health or other)

HO (Official Designation) Feb. 28 1941 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 25 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Feb. 25, 1941, to Feb. 25, 1941

I last saw him alive on Feb. 25, 1941, death is said to have occurred on the date stated above, at 11:15 p.m.

Immediate cause of death: Cerebrovascular General Myocardial Infarction, Coronary sclerosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Date of
Of autopsy: See above.
What test confirmed diagnosis? pathological

Duration — IMPORTANT: 1430 Feb. 25, 41; 1937.

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or Injury in any way related to occupation of deceased? no
If so, specify

(Signed) Bydie W. Pickinson, M. D.
(Address) Winthrop, Mass Date 2/26, 1941

21 Woodlawn Cem. Everett Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Feb. 28 1941

22 NAME OF FUNERAL DIRECTOR Charles E. D. Margeson
ADDRESS 77 Summer St Malden

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45. *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 50

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 171 Cottage Park Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Timothy J. Barry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 171 Cottage Park Road St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 2 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced, HUSBAND of: Katherine O'Leary (Give maiden name of wife in full)

(or) WIFE of: (Husband's name in full)

6 Age of husband or wife if alive: 60 years

7 IF STILLBORN, enter that fact here.

8 AGE: 65 Years 10 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Machinist

10 Industry or Business: City of Boston

11 Social Security No.: None

12 BIRTHPLACE (City): Cork (State or country): Ireland

PARENTS

13 NAME OF FATHER: Thomas Barry

14 BIRTHPLACE OF FATHER (City): Cork (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary Murphy

16 BIRTHPLACE OF MOTHER (City): Cork (State or country): Ireland

17 Informant: Katherine Barry (Relation, if any: Wife)
(Address) 171 Cottage Park Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 3/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 2 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 28, 1941, to March 2, 1941

I last saw him alive on March 2, 1941, death is said to have occurred on the date stated above, at 10.30 A m.

Immediate cause of death: Cerebral Haemorrhage — Duration: 1 day

Due to: Hypertension — 1936

Due to: Arterio Sclerosis — 1934

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis? Paralysis

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry L. Plummer, M. D.
(Address) 726 Saratoga St. Date Mch 3 1941

21 Place of Burial, Cremation or Removal: New Calvary (City or Town) Boston
DATE OF BURIAL March 5, 1941

22 NAME OF FUNERAL DIRECTOR: A. B. Furnath
ADDRESS 1534 Tremont St., Boston

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

PLACE OF DEATH

1 County: Suffolk

City or Town: Winthrop

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby. VAN-WART. (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Ocean View St Extension
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): X

6a If married, widowed, or divorced, HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. STILLBORN ✓

8 AGE X Years X Months X Days | If less than 1 day X Hours X Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

13 NAME OF FATHER Charles. H. Van Wart

14 BIRTHPLACE OF FATHER (City) Chelsea
(State or country) Mass

15 MAIDEN NAME OF MOTHER Eva Raymar

16 BIRTHPLACE OF MOTHER (City) Yarmouth
(State or country) N. S.

17 Informant Chas. H Van Wart Relation, if any (Father)
(Address) 2 Ocean View St Extension

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 3/4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 3 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I ~~last~~ never saw her alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death
Stillborn

Due to Ammoniotic fluid on lungs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy As above
What test confirmed diagnosis? Pathological

Duration IMPORTANT

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gordon W. Dickinson, M. D.
(Address) Winthrop Mass. Date Mar 4 1941

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop
DATE OF BURIAL 3/5 1941

22 NAME OF FUNERAL DIRECTOR C R Bennison
ADDRESS Winthrop Mass

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying. *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-39. No. 8427-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 52

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. en route to Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Oscar Webster (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 65 B Williams St. Chelsea St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days. (Specify whether)

PER MRS. ARTHUR JONES (DAUGHTER) AT

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Unknown (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ~~Unknown~~ appx. 60 yrs Years Months Days; If less than 1 day Hours Minutes

9 Usual Occupation: W.P.A.

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Manchester NH

PARENTS

13 NAME OF FATHER Francis

14 BIRTHPLACE OF FATHER (City) (State or country) Lowell Mass

15 MAIDEN NAME OF MOTHER Alenia Guisey

16 BIRTHPLACE OF MOTHER (City) (State or country) N.Y.

17 Informant Board of Public Welfare (Relation, if any) (Address) Chelsea Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/26/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March — 4 — 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Arteriosclerotic Heart Disease
General arteriosclerosis

20 Accident, suicide, or homicide (specify)

Date of occurrence ..... 19.....

Where did Injury occur? (City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

Manner of ~~Injury~~ Collapsed while walking

Nature of ~~Injury~~ & died quickly

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. J. Brickley, M. D.

(Address) Boston Mar. 10 1941

22 Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Mar. 27, 1941

23 NAME OF FUNERAL DIRECTOR Wendell W. Lehman

ADDRESS 23 Cary Ave Chelsea

Received and filed ..... 19.....

A TRUE COPY ATTEST: (Registrar)

X

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Did not bury body until March 27,
As City of Chelsea were trying to
locate relatives.

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 53

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 52 Thornton Park St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie (Prince) Cushman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 52 Thornton Park St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 21 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frank Cushman (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years 3 Months 19 Days; If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER John Prince

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Annie Gould

16 BIRTHPLACE OF MOTHER (City) Haverhill (State or country) New Hampshire

17 Informant John F. Cushman (Relation, if any son) (Address) 73 Otis St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/6/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 5 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1941, to March 5, 1941

I last saw h. alive on March 5, 1941, death is said to have occurred on the date stated above, at 5 P.M.

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to: Arterio-Sclerosis — years

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:

Of operations: Date of

Of autopsy:

What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Edward L. Hodges M. D.

(Address) 200 Washington Date 3-6-1941

21 Place of Burial, Cremation or Removal: Mt. Auburn Cemetery Cambridge (City or Town)

DATE OF BURIAL March 8, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed MAR 7 1941

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, cook—*hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 51

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Winthrop Comunity Hospital St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME (Baby) ~~Boy~~ Riordan (Stillborn)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 187 Shore Drive St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop
(State or country)

PARENTS

13 NAME OF FATHER: Michael Riordan

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Manchester N.H.

15 MAIDEN NAME OF MOTHER: Louise Santarpio

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) East Boston

17 Informant Michael Riordan Relation, if any (father)
(Address) 187 Shore Drive Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 3/10/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 6 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death ..... (Duration IMPORTANT)

Stillborn

Due to .....

Due to full term

Other conditions .....
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [illegible] M. D.
(Address) [illegible] Date Mar 3 1941

21 St. Michael Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 10 1941

22 NAME OF FUNERAL DIRECTOR [illegible]
ADDRESS 9 Chelsea Street East Boston.

Received and filed ..... 19.....
(Registrar)

Date of burial verified by Hosp.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 55

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 22 Adams St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Hartmere (Gleeson) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No.

(a) Residence. No. 22 Adams St. Win. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ~~No.~~ years months days. In this community 10 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Charles Hartmere (Husband's name in full)

6 Age of husband or wife if alive ~~deceased~~ years

7 IF STILLBORN, enter that fact here. —

8 AGE 78 Years Months Days; If less than 1 day Hours Minutes

9 Usual Occupation: House work

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): Limerick Ireland

PARENTS

13 NAME OF FATHER: Thomas Gleeson

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Ann Preston

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant: Henry T. Hartmere Relation, if any: son
(Address) 19 Churchill Rd. W. Roxb.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Muldrey
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/17/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 10 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Feb. 1, 1941, to March 16, 1941. I last saw h. m. alive on Feb. 15, 1941, death is said to have occurred on the date stated above, at 2 P.M.

Immediate cause of death: Myocarditis

Due to: Arteriosclerosis

Due to: (Consulted Medical Examiner)

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Duration IMPORTANT: Guess

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Fowlong M. D.
(Address) Winthrop Date 3/11 1941

21 Place of Burial, Cremation or Removal: Holy Cross Malden (City or Town)
DATE OF BURIAL March 13, 1941

22 NAME OF FUNERAL DIRECTOR: M. J. Kelly
ADDRESS 11 Meridian St., E. Boston

Received and filed 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-s

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 56

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 42 Lewis Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary Evelyn (Thurber) Ham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 42 Lewis Avenue St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of William Ham (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years 11 Months 3 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Providence
(State or country) Rhode Island

PARENTS

13 NAME OF FATHER: John H. Thurber

14 BIRTHPLACE OF FATHER (City) Providence
(State or country) Rhode Island

15 MAIDEN NAME OF MOTHER: Mary Bicknell

16 BIRTHPLACE OF MOTHER (City) Providence
(State or country) Rhode Island

17 Informant: William C. Ham Relation, if any (Son)
(Address) 42 Lewis Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Gildersleeve
(Signature of Agent of Board of Health or other)

Health Officer 3/18/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 16 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 3, 1941, to March 16, 1941; I last saw h. alive on ....., 19..., death is said to have occurred on the date stated above, at 2 a. m.

Immediate cause of death — Duration IMPORTANT

Pectoris — 2 wks

Due to: Chronic Myocarditis — 4 years

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Edward F. Granger, M. D.
(Address) 200 Washington St. Date 8-1-1941

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 18, 1941

22 NAME OF FUNERAL DIRECTOR: Charles R. Bennison
ADDRESS: Winthrop, Mass.

Received and filed ..... 19...
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 57

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mazzone Baby Girl (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 79 Carrol St. Chelsea (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER: Guerino Mazzone

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Italy

15 MAIDEN NAME OF MOTHER: Arcangela Barbati

16 BIRTHPLACE OF MOTHER (City) Chelsea (State or country) Mass.

17 Informant (Address) 79 Carrol St. Chelsea Relation, if any (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/18/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Mar (Month) 16 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/16/, 1941, to 3/16/, 1941
I last saw him alive on 3/16/, 1941, death is said to have occurred on the date stated above, at 6:45 p.m.

Immediate cause of death .....

Due to Stillborn

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Duration IMPORTANT: 1 hr.

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Elliott Dave M. D.
(Address) 482 Winthrop Ave. Date 3/18/ 1941

21 St. Michael Cemetery
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Mar 18 1941

22 NAME OF FUNERAL DIRECTOR: Frederick Cafaro
ADDRESS 368 Main St. Everett

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 53

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 587 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard Halsall (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 587 Pleasant St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 26 yrs. 5 mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mary Elizabeth McQuarry (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years 4 Months 16 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Can manufacturer (retired)

10 Industry or Business: Factory

11 Social Security No. .....

12 BIRTHPLACE (City) Liverpool (State or country) England

PARENTS

13 NAME OF FATHER: John Halsall

14 BIRTHPLACE OF FATHER (City) Liverpool (State or country) England

15 MAIDEN NAME OF MOTHER: Mary Hall

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) England

17 Informant Florence Halsall (Relation, if any: daughter)
(Address) 587 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/18/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 16 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Dec 20, 1940 to March 16, 1941
I last saw h. alive on March 16, 1941, death is said to have occurred on the date stated above, at 9.15 P. m.

Immediate cause of death: Myocarditis

Due to: Arteriosclerosis

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Duration — IMPORTANT

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) C. J. Mahoney, M. D.
(Address) 4 Washington St. Date 3/17 19 41

21 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 19 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 59

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 48 Winthrop Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Sarah Jane Collyer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Winthrop Shore Drive St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 41 yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years 3 Months 16 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) St. Johns
(State or country) New Brunswick

PARENTS

13 NAME OF FATHER: Emanuel Collyer

14 BIRTHPLACE OF FATHER (City) .....
(State or country) England

15 MAIDEN NAME OF MOTHER: Mary Jane Crocker

16 BIRTHPLACE OF MOTHER (City) Harbor Grace
(State or country) Newfoundland

17 Informant: Mary T. Collyer (Relation, if any: sister)
(Address) 48 Winthrop Shore Drive

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Schlichter
(Signature of Agent of Board of Health or other)

H.O. (Official Designation) Mar. 19/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 17 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 28, 1940, to March 14, 1941
I last saw her alive on March 14, 1941, death is said to have occurred on the date stated above, at 5:00 A.m.

Immediate cause of death — Duration (IMPORTANT)
Arteriosclerotic Heart Disease — 20 yrs
Auricular fibrillation — 7 days
Due to Generalized Arteriosclerosis
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature], M. D.
(Address) 28 WASHINGTON AVENUE WINTHROP, MASSACHUSETTS — Geo. L. Wagman, M. D. Date 3/18 1941

21 Place of Burial, Cremation or Removal: Exeter N. H. (City or Town)
DATE OF BURIAL March 20, 1941 19..

22 NAME OF FUNERAL DIRECTOR: Charles R. Bennison
ADDRESS: Winthrop Mass

Received and filed ..... 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

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100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 60

1 PLACE OF DEATH: County: Suffolk
City or Town: Winthrop
No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Friesey
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 146 Shirley Ave. St. Revere
(Usual place of abode)
(If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community ..... yrs. ..... mos. ..... days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Winthrop, Mass

PARENTS

13 NAME OF FATHER: Samuel Friesey

14 BIRTHPLACE OF FATHER (City) (State or country): Salem, Mass.

15 MAIDEN NAME OF MOTHER: Ethel Goldstein

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston, Mass

17 Informant: Samuel Friesey (Relation, if any: Father)
(Address) 146 Shirley Ave. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer — 3/28/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March 28 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h. ..... alive on ....., 19....., death is said to have occurred on the date stated above, at 12:30 p.m.
Immediate cause of death: Dead Fetus

Duration — IMPORTANT

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) William S. Gandler M. D.
(Address) 5 Winthrop St. Winthrop Date 3-28 19

21 Place of Burial, Cremation or Removal. Baker Funeral Dir. Revere (City or Town)
DATE OF BURIAL March 28 19

22 NAME OF FUNERAL DIRECTOR: Samuel Stanetsky
ADDRESS 10-14 Oak St. Rev.

Received and filed APR 3 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 61

1 PLACE OF DEATH: ~~Essex~~ Suffolk (County) Winthrop (City or Town) No. 115 Summit Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine McKnight ~~Stein~~ (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Summit Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ~~None~~ (Specify whether) years months days. In this community 5 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (Write the word): ~~Married~~ Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of ~~Randolph Stein~~ (Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 59 Years 9 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Forelady

10 Industry or Business: Cavalry Mfg Co.

11 Social Security No. 021-05-7341

12 BIRTHPLACE (City) (State or country): Saint John's, Canada

PARENTS

13 NAME OF FATHER: John McKnight

14 BIRTHPLACE OF FATHER (City) (State or country): Liverpool, England

15 MAIDEN NAME OF MOTHER: Martha English

16 BIRTHPLACE OF MOTHER (City) (State or country): Liverpool, England

17 Informant: Mrs Melville Harrington (Relation, if any: friend) (Address) 115 Summit Ave. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/1/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 30 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from November 18, 1940, to March 30, 1941. I last saw her alive on March 28, 1941, death is said to have occurred on the date stated above, at 5 P.M.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	3 days
Due to Arteriosclerosis	1 year
Due to Hypertension	1 year
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None Date of

Of autopsy

What test confirmed diagnosis? Clinical & Laboratory

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Abrams M.D.

(Address) 562 Lynn St. Winthrop Date 3/31/41

21 New Calvary Cemetery W. Roxb. Mass. Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 2, 1941

22 NAME OF FUNERAL DIRECTOR John J. Linehan

ADDRESS 357 Main St. Medford Mass.

Received and filed APR 3 1941

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to Injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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FORM R-306

N.B.—WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. See reverse side for affidavit.

MARGIN RESERVED FOR BINDING

Correction of Affidavit

20m-2-'30. No. 8053-c

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

AFFIDAVIT AND CORRECTION OF A RECORD OF DEATH

Newtonville
(City or town making return)

Registered No. 61

1 PLACE OF DEATH: Suffolk (County); Newtonville (City or Town); No. 115 Summit Ave. St.; Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Josephine McKnight
(If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Summit Ave. St.; Ward,
(Usual place of abode) (If nonresident give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 5 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 51 Years 9 Months 5 Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Candy Mfg. Co.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) 021-05-7341
(State or country) Saint John's, Canada

PARENTS
13 NAME OF FATHER: John McKnight
14 BIRTHPLACE OF FATHER (City): Liverpool
(State or country) England
15 MAIDEN NAME OF MOTHER: Martha English
16 BIRTHPLACE OF MOTHER (City): Liverpool
(State or country) England

17 Informant: Mrs. Mellvolly Isabelle Harrington Freeo
(Address) 115 Summit Ave. Newtonville

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Jno. D. Childress
(Signature of Agent of Board of Health or other)
Health Office 4/1/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 30, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 18, 1940, to March 30, 1941
I last saw her alive on March 28, 1941, death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Acute Coronary Thrombosis	3 days
Arteriosclerosis	1 years
Hypertension	1 years

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fred Clemens M.D., M. D.
(Address) 562 Shirley St. Winthrop Date 3/31 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. (Cemetery) Roxb. (City or town)
DATE OF BURIAL April 2 1941

22 NAME OF UNDERTAKER John J. Lynchen
ADDRESS 357 Main St. Medford Mass.

Received and filed April 3 1941

A TRUE COPY, ATTEST: (Registrar)

DEPOSITION

WRITE LEGIBLY WITH DURABLE BLACK INK

The Commonwealth of Massachusetts
County of ..... } ss.:

The undersigned, being duly sworn, depose and say that the record relating to the death of ..... in the ..... of ....., (Give name of decedent exactly as recorded on the original record) (City or town) (Name of city or town) does not fully and correctly state all the facts relating to said death, and that the true statement of facts omitted or incorrectly stated in said record has been supplied by ..... on the (Him or her) form of certificate on the other side of this blank.

SIGNATURE	RESIDENCE (City or town, street and number, if any)	Relation to decedent, if any
John J. Lynehan	357 Main St Medford	Mass. Undertaker

Date, ...

Then personally appeared before me the person whose signature appear above and made oath that the statements subscribed to by ..... are true.

Name .....

Official designation .....
(City or town clerk or assistant clerk)

MARGIN RESERVED FOR BINDING

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 62

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Comunity Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward S. Gregory
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 365 Revere St., Winthrop St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years months 1 days. In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Edwina Stokes ~~Gregory~~
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 42 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 3 Months 25 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Tax Consulant

10 Industry or Business: Office

11 Social Security No. none

12 BIRTHPLACE (City) Gardner
(State or country) Mass.

PARENTS

13 NAME OF FATHER: George G. Gregory

14 BIRTHPLACE OF FATHER (City) Winchedon
(State or country) Mass.

15 MAIDEN NAME OF MOTHER: Jeanette Sommons

16 BIRTHPLACE OF MOTHER (City) Athol
(State or country) Mass.

17 Informant Mrs. Edwina S. Gregory Relation, if any Wife
(Address) 365 Revere St., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William J. Childress
(Signature of Agent of Board of Health or other)

Health Officer 4/2/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 31 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 31, 1939, to March 31, 1941
I last saw him alive on March 31, 1941, death is said to have occurred on the date stated above, at 11:40 a.m.

Immediate cause of death: Cerebral Hemorrhage — Duration 9 hours

Due to: Arteriosclerosis — 2 years

Due to: Chronic Interstitial Nephritis — 2 years

Other conditions:
(Include pregnancy within 3 months of death)
None

Major findings:
Of operations: none
Date of
Of autopsy: not done
What test confirmed diagnosis? Clinical & laboratory

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Date 3/31 1941

21 Place of Burial, Cremation or Removal. Woodlawn Cemetery Everett, Mass. (City or Town)
DATE OF BURIAL April 2, 1941 19

22 NAME OF FUNERAL DIRECTOR Richard S. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed APR 3 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 2437

1 PLACE OF DEATH: Suffolk (County) BOSTON (City or Town)
No. Peter Bent Brigham Hosp St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Eichorn
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 63

(a) Residence. No. 270 Main St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of John C Eichorn
(Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 42 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at home

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Ireland
(State or country)

PARENTS

13 NAME OF FATHER: Bernard Sheridan

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER: Ann Burns

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Husband
(Address) (Relation, if any)

A TRUE COPY. [illegible]
ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED 3/6/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 4 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar 4, 1941, to 3/4/41, 19..
I last saw her alive on 3/4/41 19.. death is said to have occurred on the date stated above, at 4/35A m.

	Duration
Immediate cause of death: myocardial infarction	10hrs
Due to hypertensive cardio vascular disease	5 yrs
Due to	
Other conditions gen arterio sclerosis (Include pregnancy within 3 months of death)	yrs

PHYSICIAN — Underline the cause to which death should be charged statistically.

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H A Benjamin M. D.
(Address) Boston Date 3/4/ 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Malden
(Cemetery) (City or Town)
DATE OF BURIAL March 6 1941 19

22 NAME OF FUNERAL DIRECTOR E E Burns
ADDRESS Malden

Received and filed 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

APR 11 1941

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 3414

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marjorie Wills (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 64

(a) Residence. No. 46 Seymouth St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William Wills (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years 1 Months 21 Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Scotland

PARENTS

13 NAME OF FATHER George Ritchie

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Marjorie Burnett

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant (Address) Douglas Wills Relation, if any (son)

A TRUE COPY. Francis J Gray
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 4/4/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 2 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/24/41, 19, to 4/2/41, 19
I last saw her alive on 4/2/41, 19, death is said to have occurred on the date stated above, at 1/35A m.

Immediate cause of death — Duration
pulmonary metastatic carcinoma with effusion — mos
Due to carcinoma of breast, recurrent — 6 yrs
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W T S Thorndike M. D.
(Address) Boston Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)
DATE OF BURIAL April 4 1941 19

22 NAME OF FUNERAL DIRECTOR R H White
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

APR 11 1941

1 R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 65

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 80 Sagamore Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fanny Freedman Marcus
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 80 Sagamore Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 17 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Hyman I. Marcus (Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: House-Wife

10 Industry or Business: At Home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER: Nathan Gdson

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER: Rah (Unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant: Hyman Marcus Relation if any: Husb.
(Address) 80 Sagamore Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Chudress
(Signature of Agent of Board of Health or other)

Agent April 6/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 4 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 1, 1939, to April 4, 1941, I last saw h. alive on April 4, 1941, death is said to have occurred on the date stated above, at 9:30 A.m.

Immediate cause of death: Angina Pectoris — Duration: 1 Hour

Due to: Arterio-Sclerosis — 4 Years

Due to:

Other conditions: Diabetis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Date of: —
Of autopsy: —
What test confirmed diagnosis? —

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward X. Traynor, M. D.
(Address) 208 Winthrop St Date Apr. 5 1941

21 Everett Israel Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Apr 6 1941

22 NAME OF FUNERAL DIRECTOR Jacob H. Levine
ADDRESS 394 Washington St Dor

Received and filed 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

should be carefully supplied. AGE should be stated EXACT. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 3555

1 PLACE OF DEATH (County) SUFFOLK
(City or Town) BOSTON
No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Chester A McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 49 Beal St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 26 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: machinist
10 Industry or Business: factory

11 Social Security No. 010-05-7260

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS
13 NAME OF FATHER: Chester McCarthy
14 BIRTHPLACE OF FATHER (City) (State or country): Winthrop Mass
15 MAIDEN NAME OF MOTHER: Elizabeth McDonald
16 BIRTHPLACE OF MOTHER (City) (State or country): Winthrop

17 Informant (Address): father
Relation, if any ( )

A TRUE COPY, ATTEST: Francis J Gray
(Registrar of city or town where death occurred)
DATE FILED 4/9/41 19..

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 4 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/1/41, 19.., to 4/4/41, 19..
I last saw him alive on 4/4/41, 19.., and death is said to have occurred on the date stated above, at 6/55P m.

Immediate cause of death	Duration
periarthritis nodosa	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): lobar pneumonia	4 ~~dys~~

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) N C Baker M. D.
(Address) Boston Date 4/5/41 19..

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL April 8 1941 19..

22 NAME OF FUNERAL DIRECTOR M Kirby
ADDRESS Winthrop

Received and filed ..... 19..
(Registrar of City or Town where deceased resided)

OFFICE OF TOWN CLERK
WINTHROP, MASS.
MAY-9 1941 AM

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

middle name "Corine"

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 15-44

PLACE OF DEATH

1 (County) .....

(City or Town) Winthrop

No. 10 Beacon St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Abbie Corine Walker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 67

(a) Residence. No. 10 Beacon St St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution no years months days. In this community yrs. 6 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Henry Walker.
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 5 Months 7 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Her own home.

11 Social Security No. no

12 BIRTHPLACE (City) Kennebunkport.
(State or country) Maine

PARENTS

13 NAME OF FATHER Allen Stevens

14 BIRTHPLACE OF FATHER (City) Alfred
(State or country) Maine

15 MAIDEN NAME OF MOTHER Elizabeth Leonard

16 BIRTHPLACE OF MOTHER (City) New Bedford
(State or country) Mass

17 Informant Mrs Nellie Teach Relation, if any (Daughter)
(Address) 10 Beacon St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 4/7/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 5 (Day) 1941. (Year)

19 I HEREBY CERTIFY That I attended deceased from February 1, 1941, to April 5, 1941
I last saw her alive on April 4, 1941, death is said to have occurred on the date stated above, at 4:30 A. m.

Immediate cause of death Carcinoma of stomach — Duration 1 year

Due to .....

Due to .....

Other conditions General Carcinomatosis — 6 mos
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Date of .....
Of autopsy not done
What test confirmed diagnosis? Clinical + laboratory

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Jacob Ehrenreich, M. D.
(Address) 512 Winthrop St. Date 4/5/19

21 Place of Burial, ~~Cremation or Removal~~ Winthrop, Mass (City or Town) 4/8/41
DATE OF BURIAL Arundel Cem. Kennebunkport Me.

22 NAME OF FUNERAL DIRECTOR William C. Goodrich
ADDRESS Lynn Mass.

Received and filed ..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 3564

1 PLACE OF DEATH (County) SUFFOLK (City or Town) BOSTON

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

63

2 FULL NAME Lawrence R McKinley (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 25 Marshall St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Sadie A Warren
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 45 years

7 IF STILLBORN, enter that fact here.

8 AGE 50 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: photo engraver

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER David McKinley

14 BIRTHPLACE OF FATHER (City) (State or country) Cambridge Mass

15 MAIDEN NAME OF MOTHER Katherine Gilrane

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant wife (Address) Relation, if any

A TRUE COPY. Francis J. Gay
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED 4/10/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 6 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/20/41, 19, to 4/6/41, 19
I last saw him alive on 4/6/41, 19, death is said to have occurred on the date stated above, at 12/06P

	Duration
Immediate cause of death: pulmonary tuberculosis bilateral	1 yr
Due to: peritoneal tuberculosis	2 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) N C Baker M. D.
(Address) Boston Date 4/6/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or Town)
DATE OF BURIAL April 8 1941 19

22 NAME OF FUNERAL DIRECTOR R C Kirby
ADDRESS Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
MAY - 9 1941 AM

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 69

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 507 Shirley St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellsworth L. Evans (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 507 Shirley St St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mae E Emerich (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Carpenter

10 Industry or Business: House

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Ebensburg Penn

PARENTS

13 NAME OF FATHER: Daniel Evans

14 BIRTHPLACE OF FATHER (City) (State or country): Wales

15 MAIDEN NAME OF MOTHER: Elizabeth Evans (OK)

16 BIRTHPLACE OF MOTHER (City) (State or country): Ebensburg Penn

17 Informant: Florence Ginepra (Relation, if any: Daughter)
(Address) 507 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

4/9/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 7 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 19.., to April 7, 19..41

I last saw him alive on April 7, 19..41, death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death — Duration (IMPORTANT)

Cerebral Thrombosis — 3 wks.

Due to arteria Sclerosis — yrs.

Due to — yrs.

Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus — yrs.

Major findings:
Of operations: Amputation - Leg
Date of: Jan 31 1936
Of autopsy: —
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward J. Ferguson, M. D.
(Address) 366 Winthrop Street Date Apr. 5 19..41

21 Home wood Pittsburg Penn
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 11 1941 19..

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed APR 10 1941 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Melrose
(City or town making return)

Registered No. 70

1 PLACE OF DEATH: Middlesex (County); Melrose (City or Town)

No. Melrose Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Davis (Russ)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 51 Sargent St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months 14 days. In this community yrs. 10 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Almond W. Davis
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 6 Months 21 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER: Christian Russ

14 BIRTHPLACE OF FATHER (City)
(State or country) Germany

15 MAIDEN NAME OF MOTHER: Anna C (Unable to obtain)

16 BIRTHPLACE OF MOTHER (City)
(State or country) Germany

17 Informant Lura R. Leach Relation, if any (none)
(Address) 51 Sargent St., Winthrop

A TRUE COPY.
ATTEST: Raymond H. Greenlaw
(Registrar of city or town where death occurred)

DATE FILED April 9, 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 7, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 10/40, 19, to April 7/41, 19
I last saw her alive on April 7/41, 19, death is said to have occurred on the date stated above, at 7:50 A.M.

Immediate cause of death	Duration
Myocarditis	5 yrs
Due to	
Due to	
Other conditions Probable Malignancy (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Clinical

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) R. W. Layton, M. D.
(Address) Melrose, Mass. Date 4/7/41 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills (Cemetery) Boston (City or Town)
DATE OF BURIAL April 9, 1941 19

22 NAME OF FUNERAL DIRECTOR J S Waterman & Sons
ADDRESS Boston, Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

WINTHROP MASS.
APR 12 1941

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 71

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 80 Crest ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert F. Wallace (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) None

(a) Residence. No. 80 Crest ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years — months — days. (Specify whether) In this community 4 yrs. 6 mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~or DIVORCED~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Ethel Stokes (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE 72 Years 4 Months 6 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Manager

10 Industry or Business: Gen. Elec. Co

11 Social Security No. not asg

12 BIRTHPLACE (City) Washington (State or country) D. C.

PARENTS

13 NAME OF FATHER Thomas Wallace

14 BIRTHPLACE OF FATHER (City) Phil. (State or country) Pa.

15 MAIDEN NAME OF MOTHER Virginia Stone

16 BIRTHPLACE OF MOTHER (City) ? (State or country) Virginia

17 Informant Wm. Gen. C. Proctor (Relation, if any Son)
(Address) 80 Crest ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/8/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 8 (Day) 1944 (Year)

19 I HEREBY CERTIFY That I attended deceased from June, 1939, to April 8, 1944, I last saw him alive on April 7, 1944, death is said to have occurred on the date stated above, at 7:20 A.m.

Immediate cause of death: Hypostatic Pneumonia — Duration 2 days

Due to: Hypertension Heart disease — 2 years

Due to: Arteriosclerosis — 4 years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. W. Dixon M. D.
(Address) 30 Cushing Date 4/8 1941

21 Place of Burial, Cremation or Removal: Wildwood ~~Winthrop~~ Winchester Mass. (City or Town)
DATE OF BURIAL April 10, 1941

22 NAME OF FUNERAL DIRECTOR Malcolm Bennett
ADDRESS ~~Winthrop~~ Winchester Mass.

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-s

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 72

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Martha Jane Coles (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 157 Pleasant St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years months 3 days. In this community 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years ..... Months 5 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Proprietor

10 Industry or Business: Dry Goods Store

11 Social Security No. None

12 BIRTHPLACE (City) Milton (State or country) P. E. I.

PARENTS

13 NAME OF FATHER: James Coles

14 BIRTHPLACE OF FATHER (City) Milton (State or country) P. E. I.

15 MAIDEN NAME OF MOTHER: Agnes Taylor

16 BIRTHPLACE OF MOTHER (City) New London (State or country) P. E. I.

17 Informant Georgina Loukes (Relation, if any: Sister)
(Address) 44 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Chalders
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/22/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 20 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from April 17, 1941, to April 20, 1941, I last saw her alive on April 20, 1941, death is said to have occurred on the date stated above, at 4:45 A. m.

Immediate cause of death: Lobar Pneumonia — Duration 10 days

Due to: Cerebral Hemorrhage — 24 hrs.

Due to: Arteriosclerosis — 2 years

Other conditions: none
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: none
Date of
Of autopsy: not done
What test confirmed diagnosis? Clinical & laboratory.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Chiquio M.D. M. D.
(Address) 552 Shirley St. Winthrop Date 4/22/41

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 22 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed APR 24 1941 19..... (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 73

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 77 Triton Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lawrence Andrew Hoey (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) none

(a) Residence. No. 77 Triton Avenue St. Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ___ years ___ months ___ days. (Before death) (Specify whether) In this community 12 yrs. ___ mos. ___ days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed or divorced HUSBAND of Florence a Place (Give maiden name of wife in full) (or) WIFE of ___ (Husband's name in full)

6 Age of husband or wife if alive ___ years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years 1 Week Months ___ Days | If less than 1 day ___ Hours ___ Minutes

9 Usual Occupation: Inspector

10 Industry or Business: United States Office of Water

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: Mathew Hoey

14 BIRTHPLACE OF FATHER (City) (State or country): Boston Mass

15 MAIDEN NAME OF MOTHER: Unknown Informant

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant: Fred Hoey (Relation, if any) (Address) 77 Triton Avenue Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Chadbourne (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/22/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 4 (Month) 20 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___, death is said to have occurred on the date stated above, at 6 A m.

Immediate cause of death: Arteria Sclerotic Heart

Due to: ___

Due to: Senility

Other conditions (Include pregnancy within 3 months of death): ___

Major findings: Of operations: ___ Date of ___ Of autopsy ___ What test confirmed diagnosis? ___

Duration — IMPORTANT

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ___ If so, specify ___

(Signed) Harvey A. Kelly, M. D.

(Address) Winthrop, Mass. Date 4/20 1941

21 Place of Burial, Cremation or Removal: Holy Cross Malden (City or Town)

DATE OF BURIAL April 23 1941

22 NAME OF FUNERAL DIRECTOR Samuel J. Sullivan

ADDRESS 318 Bennet Ave. Boston

Received and filed APR 24 1941 19___ (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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N. B. WHEN PRINTED WITH ORDINARY BLACK INK, THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 74

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. II8 Bartlett Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary T. Corcoran Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. II8 Bartlett Rd St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Euguene Sullivan (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Ireland

PARENTS

13 NAME OF FATHER: Patrick T. Corcoran

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Ellen Good

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Ann Sullivan (Daughter) Relation, if any
(Address) II8 Bartlett Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) April 27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 4 (Month) 24 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h. ..... alive on ....., 19....., death is said to have occurred on the date stated above, at 5 30 p.m.

Immediate cause of death .....

Due to Coronary thrombosis

Due to Hypertension Senile gens

Other conditions .....
(Include pregnancy within 3 months of death)
by direction medical examiner

Major findings:
Of operations Dr. O'Leary
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

Duration IMPORTANT

IMPORTANT PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Henry A. Kelly, M. D.
(Address) Winthrop Date 4/25 1941

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 28 1940 19....

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed MAY 1 1941 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4120

1 PLACE OF DEATH (County) SUFFOLK
(City or Town) BOSTON

No. Boston State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

75

2 FULL NAME Annie H Ashworth
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Orlando Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Robert S Ashworth
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 1 Months 8 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Newton Mass
(State or country)

PARENTS

13 NAME OF FATHER: Richard Kennedy

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER: Elizabeth Hawkins

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant John C Ashworth (Relation, if any son)
(Address)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 4/29/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 25 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 1/21/41, 19, to 4/25/41, 19
I last saw her alive on 4/25/41, 19, death is said to have occurred on the date stated above, at 10/30A m.

Immediate cause of death	Duration
arteriosclerotic heart dis	unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E H Beaum, M. D.
(Address) Date 4/25/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Boston Mt Feake Waltham
(Cemetery) (City or Town)

DATE OF BURIAL April 27 1941 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS

Received and filed 19
(Registrar of City or Town where deceased resided)

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 76

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 43 Lowell ~~Road~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: George Linley Knipe (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 43 Lowell Road St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 33 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Edith ~~Knipe~~ (Murray) (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years ..... Months 23 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Comercial Representative

10 Industry or Business: Amercian Tel. & Tel.

11 Social Security No. None

12 BIRTHPLACE (City) Norristown (State or country) Penn.

PARENTS

13 NAME OF FATHER: Jacob O Knipe

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Penn.

15 MAIDEN NAME OF MOTHER: Clara Poley

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Penn.

17 Informant: Edith Knipe (Address) 43 Lowell Road Winthrop (Relation, if any: Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cluldress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 4/30/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 26 (Day) 1941. (Year)

19 I HEREBY CERTIFY. That I attended deceased from October 14, 1936 to April 24, 1941

I last saw him alive on April 24, 1941, death is said to have occurred on the date stated above, at 5:30 a.m.

Immediate cause of death: Carcinoma of left lung — Duration 5 years

Due to: General Carcinomatosis — 2 years

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: no operation
Date of .....
Of autopsy: not done
What test confirmed diagnosis? X-ray clinical & laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Chelsea St. Date 4/26/1941

21 Puritan Lawn Cemetery Peabody
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 29 1941

22 NAME OF FUNERAL DIRECTOR: Howard S Reynolds
ADDRESS: Winthrop Mass.

Received and filed MAY 1 1941 19..... (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 77

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 21 Somerset St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Elizabeth J. Burke (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 21 Somerset Ave St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution No (Specify whether) years months days. In this community 3 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas F. Burke (Husband's name in full)

6 Age of husband or wife if alive ~~deceased~~ years

7 IF STILLBORN, enter that fact here. —

8 AGE 84 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: House work

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): Lee Cross England

PARENTS

13 NAME OF FATHER: Charles Fielding

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Mary Kerrigan

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Joseph J. Burke, 21 Somerset Ave, Win. Relation, if any: son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddredy (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/1/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 29 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from December 10, 1940, to April 29, 1941

I last saw her alive on April 28, 1941, death is said to have occurred on the date stated above, at 10 P.M.

Immediate cause of death	Duration (IMPORTANT)
Cerebral Hemorrhage	48 hrs
Due to Arteriosclerosis	2-3 yrs
Due to Senility	1 year
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations: none
Date of
Of autopsy: not done
What test confirmed diagnosis? clinical

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Date 4/30/41

21 Place of Burial, Cremation or Removal: St. Josephs, Boston (City or Town)
DATE OF BURIAL May 2, 1941

22 NAME OF FUNERAL DIRECTOR: M. J. Kelly
ADDRESS: 11 Meridian St., E. B.

Received and filed 19

(Registrar)

100m-10-'39. No. 8427-e

I. B. WHITE PRINTING CO., BOSTON. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 224

1 PLACE OF DEATH: Suffolk (County) — Chelsea (City or Town)
No. Soldiers' Home Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number) 78

2 FULL NAME Thomas E. Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 230 Revere St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hosp. (Specify whether) years months days 17 In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Wh.
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Wid.

5a If married, widowed, or divorced HUSBAND of Frances H. Murray
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 4 Months 23 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Master Mariner

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Boston, (State or country) Mass.

PARENTS

13 NAME OF FATHER John Evans

14 BIRTHPLACE OF FATHER (City) Liverpool, (State or country) Eng.

15 MAIDEN NAME OF MOTHER Ellen Gallagher

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Hosp. Records (Address) Sold. Home Hosp. Chelsea — Relation, if any ( )

A TRUE COPY.
ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred)

DATE FILED Apr. 11, 19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 10, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Mar. 24, 41 to 4/10 41
I last saw h. alive on 4/10 41, death is said to have occurred on the date stated above, at 10.40 p.m.

Immediate cause of death — Duration
Arterio-sclerotic and hypertensive heart disease — 1 yr.
Due to Arterio-sclerosis and hypertension — 7
Due to
Other conditions Broncho-pneumonia — 1 day
(Include pregnancy within 3 months of death)
Diabetes mellitus-5 yrs.

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Isadore Kaplan, M. D.
(Address) Soldiers' Home Date 4/11/41

PHYSICIAN — Underline the cause to which death should be charged statistically.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthrop (Cemetery) (City or Town)
DATE OF BURIAL April 14, 19 41

22 NAME OF FUNERAL DIRECTOR Richard White
ADDRESS Winthrop St. Winthrop, Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

JUN 10 1941

FORM R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-'39. No. 8427-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 73

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 430 Revere St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William John Killion (If U. S. War Veteran, specify WAR) .....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 430 Revere St. Winthrop St. .....
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community 35 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Ella Green
(Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years ..... Months 10 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Dry Cleansers

10 Industry or Business: Retired

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Boston, Mass.

PARENTS

13 NAME OF FATHER: Patrick Killion

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Welfare Record (Relation, if any .....)
(Address) Town Hall Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial of transit permit was issued:

Wm. D. Muldoon
(Signature of Agent of Board of Health or other)

Health Officer 5/2/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May 1 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

~~Gas~~ Presumed
~~Gas~~ Suicidal

20 Accident, suicide, or homicide (specify): Suicidal

Date of occurrence: May 1 1941

Where did Injury occur? his home
(City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

Manner of Injury: Found collapsed in his home

Nature of Injury: .....

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Wm. J. Brickley May 1 1941 M. D.

(Address) Boston ~~Mass.~~ 19

22 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop

DATE OF BURIAL May 3, 41 19

23 NAME OF FUNERAL DIRECTOR: Richard J. Hale

ADDRESS 14 Winthrop St Winthrop

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH.

To be filed for burial permit with Board of Health or its Agent.

Registered No. 3339

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Route to Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice M. Brogan (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) no

(a) Residence. No. 17 Williams St. Cambridge St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 11 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At Home

10 Industry or Business: " "

11 Social Security No. 210

12 BIRTHPLACE (City) Cambridge (State or country) Mass

PARENTS

13 NAME OF FATHER: Nicholas J. Brogan

14 BIRTHPLACE OF FATHER (City) County Meath (State or country) Ireland

15 MAIDEN NAME OF MOTHER: Catherine E Gill

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass

17 Informant James H. Brogan (Relation, if any) (Brother) (Address) 70 Hawthorne St. Cambridge

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.

(Signature of Agent of Board of Health or other) 2475

(Official Designation) (Date of Issue of Permit) 5-27-41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 7 (Day) 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Unstable Fractured Ribs Fractured Spine Internal Hemorrhage

20 Accident, suicide or homicide (specify) Presumably accidental

Date of occurrence May 7 1941

Where did Injury occur? Revere (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

Manner of Injury Said to have been injured by a car

Nature of Injury auto Revere May 7 1941

While at work? ? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? ?

If so, specify .....

(Signed) Thos F. Buckley, M. D.

(Address) Boston Mass Date 5-12 1941

22 Place of Burial, Cremation or Removal: Holy Cross (City or Town) Malden

DATE OF BURIAL May 24 1941

23 NAME OF FUNERAL DIRECTOR Edward J. Mulvaney

ADDRESS 40 Common St. Walpole

Received and filed MAY 28 1941 19.....

(Registrar) X

JUN 10 1941 M

RM R-302

THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Boston State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 4586

2 FULL NAME Ella F. Hopkins (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Wave Way Ave St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): divorced

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Charles F Hopkins (Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 6 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: at home

11 Social Security No. Nova Scotia

12 BIRTHPLACE (City) (State or country) .....

PARENTS

13 NAME OF FATHER: Otto B Lewis

14 BIRTHPLACE OF FATHER (City) (State or country): N S

15 MAIDEN NAME OF MOTHER: Mary Leonard

16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

17 Informant: Otto E Lewis (Address) ..... Relation, if any: bro

A TRUE COPY. Francis J. Gray

ATTEST: ..... (Registrar of city or town where death occurred)

DATE FILED 5/14/41 19..

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/6/41, 19.., to 5/11/41, 19.. I last saw her alive on 5/10/41, 19.., death is said to have occurred on the date stated above, at 9 A m.

Immediate cause of death	Duration
myocardial insufficiency	mos
Due to hypertensive cardio vascular disease	mos
Due to	
Other conditions (Include pregnancy within 3 months of death) psychosis with cerebral arteriosclerosis	mos

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W J Shanahn M. D.
(Address) Boston Date 5/11 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or Town)

DATE OF BURIAL May 13 1941 19..

22 NAME OF FUNERAL DIRECTOR C R Bennison
ADDRESS Winthrop

Received and filed ..... 19..
(Registrar of City or Town where deceased resided)

JUN 23 1941

FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 83

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Sumner Beetle (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 18 James Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosptial (Specify whether) years months 2 days. In this community 51 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Alice ~~Harper~~ ~~Beetle~~ (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 7 Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Insurance

10 Industry or Business: Insurance Brocker

11 Social Security No.

12 BIRTHPLACE (City) Tisbury (State or country) Mass.

PARENTS

13 NAME OF FATHER: David S Beetle

14 BIRTHPLACE OF FATHER (City) Oak Bluffs (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Sarah Wasson

16 BIRTHPLACE OF MOTHER (City) (State or country) Indiana

17 Informant Alice Beetle (Address) 18 James Ave. Winthrop Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

Agent May 12/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Apr 21, 1941, to May 11, 1941, I last saw h. alive on May 11, 1941, death is said to have occurred on the date stated above, at 6:30 A. m.

Immediate cause of death — Duration (IMPORTANT)

Coronary Thrombosis — 4 days

Coronary Disease — 22 mos

Due to Chronic Myocarditis — yrs

Due to Hypertension — yrs

Other conditions — (Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? Clinical

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Richard Mitchell, M. D.
(Address) 148 Winthrop St. Winthrop Date May 12 1941

21 Riverside Place of Burial, Cremation or Removal. Saugus (City or Town)
DATE OF BURIAL May 13 1941

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass.

Received and filed May 20 1941
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 84

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 199 Shore Drive St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Barnet Klein (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No.

(a) Residence. No. 199 Shore Drive St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 13 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Hannah Grent (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 38 years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years 1 Months 13 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Dentist

10 Industry or Business: For himself

11 Social Security No. none

12 BIRTHPLACE (City) East Boston, Mass. (State or country)

PARENTS

13 NAME OF FATHER Samuel Klein

14 BIRTHPLACE OF FATHER (City) Russia (State or country)

15 MAIDEN NAME OF MOTHER Ida Francis

16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Hannah Klein (Relation, if any wife) (Address) 199 Shore Drive, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) May 12/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 12 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at 5:40 A.m.

Immediate cause of death

Natural causes.

Due to Presumably

Due to Coronary occlusion

Other conditions (Include pregnancy within 3 months of death)

Duration IMPORTANT: few hours

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:

Of operations —

Date of .....

Of autopsy .....

What test confirmed diagnosis? .....

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Arthur C. Bonnington M. D.

(Address) Winthrop Board of Health Date 5/12 1941

21 Place of Burial, Cremation or Removal. Rabbi Isaac Eichorn Cem. Everett (City or Town)

DATE OF BURIAL May 12, 1941

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky

ADDRESS 10 Washington St. Boston

Received and filed May 20 1941

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-'39. No. 8427-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 85

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. en route to Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: William Little (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 154 Circuit Road Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community 20 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Annie (Bazel) Little (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 10 Months 20 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Machinist

10 Industry or Business: Navy Yard

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): Scotland

PARENTS

13 NAME OF FATHER: William Weir Little

14 BIRTHPLACE OF FATHER (City) (State or country): Scotland

15 MAIDEN NAME OF MOTHER: Mary Law

16 BIRTHPLACE OF MOTHER (City) (State or country): Scotland

17 Informant: Annie Little (Address) 154 Circuit Road Winthrop Relation, if any: wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Clickley (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/14/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) — 13 (Day) - 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute cardiac failure
Primary Coronary Sclerosis
Arterio Sclerotic Heart Disease

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19.....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

Manner of Injury: Collapsed while pushing a

Nature of Injury: lawn mower

While at work? yes Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Wm. P. Buckley, M. D.

(Address) Boston May 13 1941

22 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop

DATE OF BURIAL May 16 1941

23 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds

ADDRESS: Winthrop Mass.

Received and filed May 20 1941

A TRUE COPY ATTEST: (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the **cause** and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

1 PLACE OF DEATH: Sufflok (County) Winthrop (City or Town)
No. 164 Court ~~Road~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence Perley (Huse) Wingersky (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 164 Court Road St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 36 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Abram Samuel Wingersky (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years 3 Months 2 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Bath (State or country) Maine

PARENTS

13 NAME OF FATHER: George Huse

14 BIRTHPLACE OF FATHER (City) Bath (State or country) Maine

15 MAIDEN NAME OF MOTHER: Eliza Dyer

16 BIRTHPLACE OF MOTHER (City) Addison (State or country) Maine

17 Informant Helen Smith (Relation, if any: Sister)
(Address) 17 Pauline St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Cluderay
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/17/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 16 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 31, 1941, to May 15, 1941
I last saw her alive on May 15, 1941, death is said to have occurred on the date stated above, at ~~[illegible]~~ 6:30 p.m.

Immediate cause of death
Hemorrhage
Due to Carcinoma of Liver
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration IMPORTANT

Major findings:
Of operations Carcinoma of Liver
Date of March 24, 1941
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Salvatore Capraro, M. D.
(Address) 193 Hanover St. Boston Date May 16 1941

21 Forest Hills Boston
Place of Burial, Cremation ~~or Removal~~ (City or Town)
DATE OF BURIAL May 18 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed MAY 28 1941 1941
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 82

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 61 Washington Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Lydia Howe (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 61 Washington Avenue St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 22 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ..... (Give malden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years 5 Months 21 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Milford (State or country) Massachusetts

PARENTS

13 NAME OF FATHER: George W. Howe

14 BIRTHPLACE OF FATHER (City) Upton (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER: Betsey Corbett Perry

16 BIRTHPLACE OF MOTHER (City) Milford (State or country) Massachusetts

17 Informant: Betsey Lindsay Lane (Relation, if any: niece) (Address) 61 Washington Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. J. Guldelest (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/19/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 17 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 2, 1940, to May 17, 1941, I last saw her alive on May 16, 1941, death is said to have occurred on the date stated above, at 6:35 A. m.

Immediate cause of death — Duration (IMPORTANT)

Bronchopneumonia (Terminal)

Due to: Cerebral hemorrhage — 2 wks

Due to: Generalized arterio-sclerosis — years

Other conditions (Include pregnancy within 3 months of death): Carcinoma of breast

Major findings:

Of operations: none — Date of

Of autopsy: none

What test confirmed diagnosis? Clinical

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Walter C. Morrans, M. D.

(Address) Winthrop Mass. Date May 18, 1941

21 Place of Burial, Cremation or Removal: Pine Grove Cemetery Milford Mass. (City or Town)

DATE OF BURIAL May 20, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed MAY 28 1941

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Romilda (Nee Govoni) Pareschi (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 152 Leyden St. East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution: Hospital years months 3 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female
COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Celso Pareschi (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years Months Days. If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Province of Ferrara Italy

PARENTS

13 NAME OF FATHER: Cesare Govoni

14 BIRTHPLACE OF FATHER (City) (State or country): Province of Ferrara Italy

15 MAIDEN NAME OF MOTHER: Angela Gilati

16 BIRTHPLACE OF MOTHER (City) (State or country): Province of Ferrara Italy

17 Informant: Celso Pareschi Relation, if any: Husband
(Address) 152 Leyden St. East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 5/23/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) 19 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/25, 1940, to 5/19, 1941, I last saw her alive on 5/19, 1941, death is said to have occurred on the date stated above, at 9.10 A.m.

Immediate cause of death: Intestinal hemorrhage — Duration: 2 days.

Due to: Carcinoma of transverse colon

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operation: Operation Justin — Date of 3/25/41
Of autopsy:
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank F. Sandler M. D.
(Address) Revere Date 5/21 1941

21 St. Michael's Cemetery Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 23, 1941

22 NAME OF FUNERAL DIRECTOR: Michael S. Cappucio
ADDRESS 978 Saratoga St. East Boston

Received and filed MAY 28 1941 19
(Registrar)

Birthplace Province of Ferrara

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 89

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 440 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Waldo T. Freeman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 1736 So Wheeling St. Tulsa Oklahoma
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community yrs. mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Theresa Lemin
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 29 years

7 IF STILLBORN, enter that fact here.

8 AGE 45 Years 6 Months 5 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Horseman

10 Industry or Business: Race Track

11 Social Security No. .....

12 BIRTHPLACE (City) Indian Territory
(State or country) Oklahoma

PARENTS

13 NAME OF FATHER: William Freeman

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Georgia

15 MAIDEN NAME OF MOTHER: Melinda Myers

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Dallas Texas

17 Informant: Mrs. Waldo T. Freeman Wife Relation, if any
(Address) 440 Pleasant St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)

Agent — May 19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) 19 (Day) 41 (Year)

19 I HEREBY CERTIFY. That I attended deceased from May 6, 1941 to May 19, 1941

I last saw him alive on May 15, 1941, death is said to have occurred on the date stated above, at 7.50 P.M.

Immediate cause of death: Pulmonary Embolus — Duration IMPORTANT: 15 minutes

Due to: Thrombosis of Leg

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: —
Date of .....
Of autopsy .....
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Harold A. Titus M. D.
(Address) 9 Pearl St. Date May 19 1941

21 Place of Burial, Cremation or Removal. Shiloh Lowell Mass. Tulsa Okla.
(City or Town)
DATE OF BURIAL May 24 1941

22 NAME OF FUNERAL DIRECTOR Horace E. Hile
ADDRESS 91 Hildreth St. Lowell Mass.

Received and filed MAY 28 1941 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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M R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4607

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 295 90

1 PLACE OF DEATH: Suffolk (County); Chelsea (City or Town); No. Soldiers' Home Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Efthimeons Plakias (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) World

(a) Residence, No. 28 Trident Ave. (Usual place of abode) St. Winthrop, Mass. (If nonresident, give city or town and State)

Length of stay: In hospital or Institution hospital years months days. (Before death) (Specify whether) 26 In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 3 Months 4 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Restaurant proprietor

10 Industry or Business:

11 Social Security No. 025-05-7569

12 BIRTHPLACE (City) (State or country) Greece

PARENTS

13 NAME OF FATHER: Dimitris

14 BIRTHPLACE OF FATHER (City) (State or country) Greece

15 MAIDEN NAME OF MOTHER: Katherine Trasteles

16 BIRTHPLACE OF MOTHER (City) (State or country) Greece

17 Informant (Address) Hospital Records (Relation, if any)

A TRUE COPY.
ATTEST: Joseph A. Purcell
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 19, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Apr. 23, 19 41, to May 19, 19 41
I last saw h alive on May 19, 19 41, death is said to have occurred on the date stated above, at 3:25A m.

Immediate cause of death Carcinoma of the Lungs with General Abdominal metastases ? mos h

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Date of Carcinoma of Both Lungs, Liver, mesentery and Kidneys

Of autopsy

What test confirmed diagnosis? autopsy and Pathological exa

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Isadore Kaplan, M. D.
(Address) Sold. Home Date 5/19 19 41

Duration

Physician: Underline the cause to which death should be charged statistically.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Forest Hills, Boston, (Cemetery) (City or Town) Mass.

DATE OF BURIAL May 22, 1941 19

22 NAME OF FUNERAL DIRECTOR Arthur C. Hasiotes
ADDRESS 1624 WashingtonSt., Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

JUN 10 1941

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4914 31

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. The Children's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia G Backeberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 58 Bellevue Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years 4 Months Days 12 | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS
13 NAME OF FATHER Floyd Backeberg
14 BIRTHPLACE OF FATHER (City) (State or country) Lanhan Neb
15 MAIDEN NAME OF MOTHER Doris Hyatt
16 BIRTHPLACE OF MOTHER (City) (State or country) - Wisconsin

17 Informant (Address) Hospital records Relation, if any

A TRUE COPY.
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED 5/26/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/8/41, 19, to 5/22/41, 19
I last saw h...er alive on 5/22/41, 19, death is said to have occurred on the date stated above, at 6/40A m.

Immediate cause of death congenital stenosis mitral and aortic valves — Duration: since birth
Due to idiopathic congenital cardiac hypertrophy
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R Ganz, M. D.
(Address) Boston Date 5/22/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or Town)
DATE OF BURIAL May 24 1941 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

JUN 11 1941

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 92

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. 54 Highland ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Albert Jerome Gerrish (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 329 Pleasant St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community 14 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of unable to obtain (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years x Months x Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: retired Shoe Dealer

10 Industry or Business: Wholesale

11 Social Security No. ——

12 BIRTHPLACE (City) Chelsea (State or country) Mass

PARENTS

13 NAME OF FATHER: George W. Gerrish

14 BIRTHPLACE OF FATHER (City) Chelsea (State or country) Mass

15 MAIDEN NAME OF MOTHER: unable to obtain

16 BIRTHPLACE OF MOTHER (City) " " " (State or country) " " "

17 Informant: Marion Donaghy (Relation, if any: Daughter)
(Address) Watertown Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/26/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) 23 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ~~from~~ Feb 11, 1941, to May 22, 1941
I last saw ~~him~~ alive on May 22, 1941, death is said to have occurred on the date stated above, at 3.05 a.m.
Immediate cause of death: Cerebral Hemorrhage (Hemorrhage) Feb 11, 41.
Due to Arteriosclerosis 1936
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Date of
Of autopsy: none
What test confirmed diagnosis? Clinical

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Lydia M. Dickinson, M. D.
(Address) Winthrop Mass. Date 5/26 1941

21 Place of Burial, Cremation or Removal: Woodlawn Cemetery (City or Town) Everett Mass
DATE OF BURIAL 5/26 1941

22 NAME OF FUNERAL DIRECTOR: Chas. R. Dennison
ADDRESS: Winthrop Mass.

Received and filed MAY 28 1941 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 93

Registered No.

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth G. Lind (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 57 Cutler St. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months 6 days. In this community 4 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Thomas H. Lind (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 81 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No.

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER Goodbrand

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Ireland

17 Informant Mrs. Frank Sauntry Relation, if any Daughter (Address) 27 Slade Rd Belmont

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 5/26/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 24 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from January 10, 1932 to May 24, 1941. I last saw her alive on May 24, 1941, death is said to have occurred on the date stated above, at 6:15 p.m.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	7 days
Due to Arteriosclerosis	3 years
Due to Senility	2 years
Other conditions (Include pregnancy within 3 months of death): Pernicious Anemia	5 years

PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Date of

Of autopsy not done

What test confirmed diagnosis: Clinical + lab

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jacob Hrauss M. D., M. D.

(Address) 562 Shirley St Winthrop Date 5/25/41

21 St. Josephs Boston Mass

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL May 27 1941, 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop

Received and filed MAY 28 1941, 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 94

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop

No. 125 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Matthew Frank
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Cross St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether)

In this community 32 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Jennie Yudelman (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 49 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Grocer

10 Industry or Business: For Himself

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Russia

PARENTS

13 NAME OF FATHER: Morris Frank

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Ida Lamotte (married)

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Jennie Frank (Relation, if any: Wife)
(Address) 24 Cross St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 5/31/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: May (Month) 30 (Day), 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 9, 39, 1941, to May 30, 1941

I last saw him alive on May 30, 1941, death is said to have occurred on the date stated above, at 9:00 P.M.

Immediate cause of death: Coronary Thrombosis

Due to: Arterial Thrombosis + Gangrene

Due to: Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death):

Duration IMPORTANT: 3 mos.

Major findings:
Of operations: no
Date of
Of autopsy: no
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles Lieberman, M. D.
(Address) 266 Ave Way Date May 31 1941

21 Place of Burial, Cremation or Removal: Winthrop Cem. (City or Town) Everett Mass.
DATE OF BURIAL June 2 1941

22 NAME OF FUNERAL DIRECTOR: Samuel Stonetsky
ADDRESS 10 Webster St. Rev.

Received and filed JUN 4 1941 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 95

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 41 Lincoln St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Schieb (Sloan) (If deceased is a married, widowed or divorced woman, give also maiden name.) — (If U. S. War Veteran, specify WAR) no

(a) Residence. No. 41 Lincoln St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution no (Specify whether) years months days. In this community 7 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Bernard B. Schieb (Husband's name in full) deceased

6 Age of husband or wife if alive ____ years

7 IF STILLBORN, enter that fact here. —

8 AGE 78 Years ____ Months ____ Days — If less than 1 day ____ Hours ____ Minutes

9 Usual Occupation: House work
10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER John Sloan
14 BIRTHPLACE OF FATHER (City) (State or country) — Ireland
15 MAIDEN NAME OF MOTHER Mary Kenny
16 BIRTHPLACE OF MOTHER (City) (State or country) — Ireland

17 Informant Josephine E. Schieb Relation, if any (daughter)
(Address) 41 Lincoln St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Muldoyle
(Signature of Agent of Board of Health or Other)
Health Officer
(Official Designation)
6/2/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 30 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Nov 1, 1940 to May 30, 1941
I last saw her alive on May 30, 1941, death is said to have occurred on the date stated above, at 10:40 p.m.

Immediate cause of death — Duration IMPORTANT

Due to Carcinoma Large Bowel 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ____ Date of ____
Of autopsy none
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Fred O. Regan M. D.
(Address) 670 Saratoga St. Boston Date 5/31 1941

21 Place of Burial, Cremation or Removal. Winthrop, Winthrop (City or Town)
DATE OF BURIAL June 2, 1941

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E.B.

Received and filed JUN 4 1941 19____
(Registrar)

100m-10-39. No. 8427-e

N. B. WRITE LEGIBLY. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return) BOSTON 96

Registered No. 5131

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Arena (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 538 Shirley St. Winthrop Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 32 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Nellie Ingrignori (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: barber

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER: Giacomo Arena

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Maria Ranieri

16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant (Address): wife Relation, if any ( )

A TRUE COPY

ATTEST: Francis L Gay Jr (Registrar of city or town where death occurred)

DATE FILED 6/2/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 30 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/21/41, 19, to 5/30/41, 19

I last saw h. im alive on 5/30/41, 19, death is said to have occurred on the date stated above, at 8/41 P.m.

	Duration
Immediate cause of death: coronary occlusion	5 min
Due to hypertensive heart dis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W T S Thorndike, M. D.
(Address) Boston Date 5/31/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael's Boston (Cemetery) (City or Town)

DATE OF BURIAL June 2 1941 19

22 NAME OF FUNERAL DIRECTOR P Rapino
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

JUN 11 1941

M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-39, No. 8427-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

WINTHROP
(City or town making return)

Registered No. 38

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 52 Washington Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Minnie Towne Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 52 Washington Ave Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community 25 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Charles Frederic Johnson (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 8 Months 8 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): Bristol New Hampshire

PARENTS

13 NAME OF FATHER: William Towne

14 BIRTHPLACE OF FATHER (City) (State or country): Unknown

15 MAIDEN NAME OF MOTHER: Julliet ?

16 BIRTHPLACE OF MOTHER (City) (State or country): Unknown

17 Informant: Frederic Johnson (Relation, if any: Son)
(Address) 9 Audubon Rd., Lexington Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 6/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May — 31 — 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Neoplasm Lower Abdomen
Presumably Carcinoma
Ascites

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19.....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

Manner of Injury: died without medical attendance

Nature of Injury:

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John J. Buckley, M. D.

(Address) Boston Date May 31 1941

22 Place of Burial, Cremation or Removal: West Lawn (City or Town) Littleton Mass

DATE OF BURIAL June 2nd 1941

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS Winthrop Mass.

Received and filed ..... 19.....

A TRUE COPY ATTEST: JUN 4 1941 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return) 98

Registered No. 5150

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna G Conday
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 5 Brewster Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James T Condry
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: candy worker

10 Industry or Business: Fanny Farmer's

11 Social Security No. 012-07-9401

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS
13 NAME OF FATHER: Henry Zilch
14 BIRTHPLACE OF FATHER (City) (State or country): Boston
15 MAIDEN NAME OF MOTHER: Mary Boland
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston

17 Informant: James Condry (Address) Relation, if any ( )

A TRUE COPY.
ATTEST: Francis J Gray
(Registrar of city or town where death occurred)
DATE FILED 6/3/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 31 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/31/41, 19, to 5/31/41, 19
I last saw her alive on 5/31/41, 19, death is said to have occurred on the date stated above, at 4/42A m.

	Duration
Immediate cause of death: aortic & mesenteric embolism	2 d
Due to rheumatic heart disease mitral & aortic stenosis	? yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W T S Thorndike, M. D.
(Address) Boston Date 5/31/41 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cambridge (Cemetery) Camb (City or Town)
DATE OF BURIAL June 3 1941 19

22 NAME OF FUNERAL DIRECTOR D F O'Brien
ADDRESS Cambridge

Received and filed 19
(Registrar of City or Town where deceased resided)

JUN 11 1941

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 99

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 54 Otis St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Laura Marie (Christophersen) Williams
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 54 Otis St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 48 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Wiggo C. Williams (Husband's name in full)

6 Age of husband or wife if alive 75 ~~years~~ years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 3 Months 6 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Oslo (State or country) Norway

PARENTS

13 NAME OF FATHER: Jens Christophersen

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Norway

15 MAIDEN NAME OF MOTHER: Caroline (~~Unable to obtain~~ maiden name

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Norway

17 Informant Wiggo C. Williams (Relation, if any husband)
(Address) 54 Otis St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chickley
(Signature of Agent of Board of Health or other)

Health Officer — 6/9/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 (Month) 6 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1941, to 6-6, 1941
I last saw h. alive on 6/5, 1941, death is said to have occurred on the date stated above, at 4.7 m.

Immediate cause of death — Duration — IMPORTANT
Edema of Lungs — 2 days
Due to
Due to
Other conditions — Chronic Myocarditis — ?
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations — Date of
Of autopsy
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry [illegible] M. D.
(Address) Winthrop Date 6/5 1941

21 Winthrop Cemetery Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 6, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed June 11, 1941
(Registrar)

100m-2-'40-D-729-a

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 109

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 69 Summit Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: John Neil Morrison (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 69 Summit Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 55 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Anna T (Eaton) ~~Morrison~~ (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 10 Months 21 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Salesman (Retired)

10 Industry or Business: Asbestos

11 Social Security No. None

12 BIRTHPLACE (City) Charlottetown (State or country) P. E. I.

PARENTS

13 NAME OF FATHER: Archabald Morrison

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Scotland

15 MAIDEN NAME OF MOTHER: Jane Carins

16 BIRTHPLACE OF MOTHER (City) Charlottetown (State or country) P.E.I.

17 Informant: Anna Morrison (Address) 69 Summit Ave Winthrop Mass — Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chaldwell
(Signature of Agent of Board of Health or other)

Health Officer 6/12/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 10 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 30, 1941, to June 10, 1941

I last saw h. i. alive on June 10, 1941, death is said to have occurred on the date stated above, at 3.30 P m.

	Duration
Immediate cause of death: Uremia	IMPORTANT 5 days
Due to Pyelonephritis	4 mos
Due to Carcinoma of Prostate c metastases to Bladder	mos
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Inoperable Carcinoma of Prostate & Bladder Date of Feb 20/41
Of autopsy: —
What test confirmed diagnosis? Lab + Clinical

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Richard Metcalf, M. D.
(Address) 148 Winthrop St Winthrop Mass Date June 11 1941

21 Winthrop (Place of Burial, Cremation or Removal) Winthrop (City or Town)
DATE OF BURIAL June 13 1941

22 NAME OF FUNERAL DIRECTOR Howard S Reynolds
ADDRESS Winthrop Mass

Received and filed JUN 19 1941 19.....
(Registrar)

100m-2-'40-D-729-a

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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1 R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 101

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 184 Hermon St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louisa Fopiano (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 184 Hermon St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Giovanni Fopiano (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: housewife

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) ..... (State or country) Italy

PARENTS

13 NAME OF FATHER: Luigi Leverone

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Italy

15 MAIDEN NAME OF MOTHER: Unknown

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Italy

17 Informant: Rose M. Fopiano (Relation, if any: Daughter)
(Address) 184 Hermon St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 6/13/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 12 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1940 to June 12, 1941
I last saw h.. alive on April 1, 1941, death is said to have occurred on the date stated above, at 10.50 P m.

Immediate cause of death ..... Duration IMPORTANT
Cerebral hemorrhage — 7
Due to: arteriosclerosis
Due to: hypertensive

Other conditions ..... IMPORTANT
(Include pregnancy within 3 months of death)

Major findings:
Of operations ..... Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date 6/13 1941

21 Calvary, Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 14, 1941

22 NAME OF FUNERAL DIRECTOR Michael J. Porcella
ADDRESS 10 No. Bennet St., Boston

Received and filed JUN 10 1941 19..
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 102

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Irene Cohen
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) —

(a) Residence. No. 69 Locust St. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years months 3 days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.
4 COLOR OR RACE W.
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Divorced

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Samuel Cohen
(Husband's name in full)

6 Age of husband or wife if alive 28 years

7 IF STILLBORN, enter that fact here.

8 AGE 25 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At home

11 Social Security No. none

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS

13 NAME OF FATHER Harry Levine

14 BIRTHPLACE OF FATHER (City)
(State or country) Russia

15 MAIDEN NAME OF MOTHER Esther Berger

16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Harry Levine (Relation Father)
(Address) 69 Locust St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cluddey
(Signature of Agent of Board of Health or other)

Health Officer 6/16/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 15 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 13, 1941, to June 15, 1941, I last saw her alive on June 15, 1941, death is said to have occurred on the date stated above, at 4:45 P. m.

Immediate cause of death Intestinal Obstruction — Duration IMPORTANT 2 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Intestinal Obstruction
Date of June 15, 1941
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis Lucia, M. D.
(Address) 72 Winthrop Ave. Date June 16 1941

21 Place of Burial, Cremation or Removal. Beth Israel Everett (City or Town)
DATE OF BURIAL June 16 1941

22 NAME OF FUNERAL DIRECTOR B. Schlossberg & Son
ADDRESS 1272 Blue Hill Ave. Mattapan

Received and filed JUN 19 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 103

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 34 Sunnyside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Agnes Ella Cyr (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 34 Sunnyside Ave St. ..... (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 42 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Bookeeper

10 Industry or Business: N.E. Coal & Coke Co

11 Social Security No. 012-03-7250

12 BIRTHPLACE (City) East Boston (State or country) Mass

PARENTS

13 NAME OF FATHER: Joseph J. Cyr

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Canada

15 MAIDEN NAME OF MOTHER: Rosanna Paquette

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Canada

17 Informant: Francis Cyr (Relation, if any: Brother)
(Address) 34 Sunnyside Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 6/17/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June (Month) 16 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 9, 1941, to June 16, 1941

I last saw he alive on June 16, 1941, death is said to have occurred on the date stated above, at 5 P.M.

	Duration
Immediate cause of death: Terminal bronchopneumonia	
Cerebral embolus	2 wks
Due to Pelvic phlebitis	5 wks
Due to Carcinoma of recto-sigmoid	
Other conditions: Fibroid uterus (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Carcinoma of recto-sigmoid with liver metastasis. Date of 4/16/41
Of autopsy: none
What test confirmed diagnosis? Laparotomy

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Nathan C. Morrison, M. D.
(Address) Winthrop, Mass. Date 6/17 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL June 19 1941

22 NAME OF FUNERAL DIRECTOR: John F. O'Malley
ADDRESS: Winthrop

Received and filed JUN 19 1941

A TRUE COPY ATTEST: ..... (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

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M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 104

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 86 Johnson Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Kelly (If deceased is married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 86 Johnson Ave. St. Win. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution No years months days. (Specify whether) In this community 12 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Michael J. Kelly (Husband's name in full)

6 Age of husband or wife if alive 86 years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: House work

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) East Boston Mass.

PARENTS

13 NAME OF FATHER William Cathcart

14 BIRTHPLACE OF FATHER (City) (State or country) Nantucket Mass.

15 MAIDEN NAME OF MOTHER Catherine O'Sullivan

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Michael J. Kelly Relation if any (husband) (Address) 86 Johnson Ave, Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) June 18/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 (Month) 16 (Day) 41 (Year)

19 I HEREBY CERTIFY. That I attended deceased from April, 1941, to 6/16, 1941

I last saw h. alive on 6/16, 1941, death is said to have occurred on the date stated above, at 7 10 p.m.

Immediate cause of death

Cerebral Hemorrhage — Duration 2 hrs

Due to

Due to General Arteriosclerosis — Duration 2 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Fanning Welch M. D.
(Address) 200 Pleasant St. Date 6/17/41, 19

21 Place of Burial, Cremation or Removal Holy Cross, Malden (City or Town)
DATE OF BURIAL June 19, 1941

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed JUN 19 1941 19 (Registrar)

100m-10-'39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 107

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 183 Cottage Park Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Maude Kathleen Murray (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 183 Cottage Park Rd St. ..... (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 42 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Singer

10 Industry or Business: Teacher

11 Social Security No. .....

12 BIRTHPLACE (City) Pittsburg (State or country) Penn.

PARENTS

13 NAME OF FATHER: John K Murray

14 BIRTHPLACE OF FATHER (City) Liverpool (State or country) England

15 MAIDEN NAME OF MOTHER: Clara Frances Lane

16 BIRTHPLACE OF MOTHER (City) Ellsworth (State or country) Me.

17 Informant: Mary Murray (Relation, if any: Sister)
(Address) 183 Cottage Pk Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Quindress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/18/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 6 (Month) 17 (Day) 40 (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/15, 1940, to 6/17, 1941, I last saw h. alive on 6/17, 1941, death is said to have occurred on the date stated above, at 3 p.m.

	Duration
Immediate cause of death	
Carcinoma of Lungs	6 wks.
Due to	
Due to Carcinoma of Breast	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operation Carcinoma Breast Date of 5/3/40
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Harry J. Talley, M. D.
(Address) Winthrop Date 6/17 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL June 20 1941 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed JUN 19 1941 19

A TRUE COPY ATTEST: ..... (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

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RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 106

Registered No.

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Station Hospital, Fort Banks St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Joseph Hicks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence (Usual place of abode) No. 21 Cider Road St. Brookline, Mass. (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hosp. (Specify whether) — years — months days. In this community — yrs. — mos. ~~1 days.~~

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)

(or) WIFE of — (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE — Years — Months — Days | If less than 1 day Hours 45 Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Fort Banks, Mass.

PARENTS

13 NAME OF FATHER John J. Hicks

14 BIRTHPLACE OF FATHER (City) Arlington (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Mary Mitchell

16 BIRTHPLACE OF MOTHER (City) Providence (State or country) Rhode Island

17 Informant Station Hospital (Address) Fort Banks, Mass. Relation, if any (None)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cheldkey Jr. (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/20/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 19 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7:05PM JUNE 19, 1941, to 8:50PM JUNE 19, 1941. I last saw him alive on JUNE 19, 1941, death is said to have occurred on the date stated above, at 8:50P.m.

	Duration
Immediate cause of death PREMATURITY	
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations — Date of — Of autopsy — What test confirmed diagnosis? —

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? NO

If so, specify —

(Signed) Karl H. Kaspauer, M. D.

(Address) FORT BANKS, MASS Date 6/19 1941

21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop Mass (City or Town)

DATE OF BURIAL June 21 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison

ADDRESS 174 Winthrop St. Winthrop

Received and filed 19

A TRUE COPY ATTEST: JUN 30 1941 (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. 35 St. Thornton Park Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Welsner Canton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Thornton Park St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 20 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Richard Francis Canton (Husband's name in full)

6 Age of husband ~~or wife if alive~~ 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 56 Years 2 Months 13 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at home

10 Industry or Business: Housewife

11 Social Security No. —

12 BIRTHPLACE (City) Brooklyn (State or country) N.Y.

PARENTS

13 NAME OF FATHER Anthony Welsner

14 BIRTHPLACE OF FATHER (City) Brooklyn (State or country) N.Y.

15 MAIDEN NAME OF MOTHER Margaret Gessner

16 BIRTHPLACE OF MOTHER (City) Brooklyn (State or country) N.Y.

17 Informant Richard F. Canton Relation, if any (Son.)
(Address) 35 Thornton Pk. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/24/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 22 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 28, 1938, to June 22, 1941, I last saw her alive on March 27, 1941, death is said to have occurred on the date stated above, at 1:25 A.M.

Immediate cause of death — Duration
Pulmonary edema — 1 hour
Due to: Chronic myocarditis — 3 years
Due to: Hypertension — 4 years
Other conditions (Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur J. Thomas, M. D.
(Address) Winthrop, Mass. Date 6/23 1941

21 Winthrop Cemetery
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Tuesday 6/24 1941

22 NAME OF FUNERAL DIRECTOR C. R. Berman
ADDRESS Winthrop Mass

Received and filed JUN 30 1941 19..... (Registrar)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Winthrop. Mass
(City or town making return)

Registered No. 3515

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 50 Wilshire St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Hovey Rand (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR): 108

(a) Residence. No. 50 Wilshire St. Winthrop Mass (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution Home (Specify whether) years months days. In this community 27 yrs. 1 mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Bessie Brenda Banks (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 71 years

7 IF STILLBORN, enter that fact here. —

8 AGE 73 Years 4 Months 7 Days | If less than 1 day Hours Minutes

9 Usual Occupation: electrotyper

10 Industry or Business: Electrotyping

11 Social Security No. none

12 BIRTHPLACE (City) Charlestown (State or country) Mass.

PARENTS

13 NAME OF FATHER: James Hovey Rand

14 BIRTHPLACE OF FATHER (City) Charlestown (State or country) Mass

15 MAIDEN NAME OF MOTHER: Harriet Bodge

16 BIRTHPLACE OF MOTHER (City) Charlestown (State or country) Mass.

17 Informant: Bessie Rand (Relation, if any: wife)
(Address) 50 Wilshire St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 25 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from June 1, 1940, to June 25, 1941, I last saw him alive on June 25, 1941, death is said to have occurred on the date stated above, at 1 P.M.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3/1/41
Due to: Arteriosclerosis	1940
Due to:	
Other conditions (Include pregnancy within 3 months of death): none	

Major findings:
Of operations: none
Date of
Of autopsy: none
What test confirmed diagnosis? Clinical & Laboratory

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Jacob Adams, M. D.
(Address) 562 Shirley St. Date 6/26/41

21 Place of Burial, Cremation or Removal. Sharon Winthrop (City or Town) Mass
DATE OF BURIAL June 28 1941

22 NAME OF FUNERAL DIRECTOR Joseph H Rockett
ADDRESS 147 Mass. ave Arlington

Received and filed 19

JUN 30 1941
A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

M R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 169

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 245 Washington Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John B Mac Kenna (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) —

(a) Residence. No. 245 Washington Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Mary Lewis (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years Months Days. If less than 1 day Hours Minutes

9 Usual Occupation: Retired Carpenter

10 Industry or Business: self

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): Nova Scotia

PARENTS

13 NAME OF FATHER: John Mac Kenna

14 BIRTHPLACE OF FATHER (City) (State or country): N. S.

15 MAIDEN NAME OF MOTHER: Elizabeth (unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country): N. S.

17 Informant (Address): Geo B MacKenna (Relation, if any: son)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent June 28/41 (Official Designation) (Date of Issue)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June (Month) 26 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from January, 1946, to June, 1941, I last saw him alive on June 26, 1941, death is said to have occurred on the date stated above, at 1 p.m.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 wk
Due to: hypertension	years
Due to: Generalized arteriosclerosis	years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 0
Date of
Of autopsy: 0
What test confirmed diagnosis? clinical

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) Winthrop Mass Date June 28 1941

21 Place of Burial, Cremation or Removal: Pine Grove (City or Town) Lynn
DATE OF BURIAL June 29 1941

22 NAME OF FUNERAL DIRECTOR: Burke Bros
ADDRESS: Winthrop Mass

Received and filed ..... 19.....

JUN 30 1941

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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1 R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 116

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Dobby (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 31 WAVE WAY AVE. WINTHROP (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution deceased upon arrival at hospital (Specify whether) years months days. In this community 54 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: WHITE

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of LENA QUINT (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: MEAT MARKET

10 Industry or Business: PROPRIETOR

11 Social Security No. NONE

12 BIRTHPLACE (City) (State or country) RUSSIA

PARENTS

13 NAME OF FATHER JACOB DOBBY

14 BIRTHPLACE OF FATHER (City) (State or country) RUSSIA

15 MAIDEN NAME OF MOTHER ESTHER (CANNOT BE LEARNED)

16 BIRTHPLACE OF MOTHER (City) (State or country) RUSSIA

17 Informant LENA DOBBY (Relation, if any) (wife)
(Address) 31 WAVE WAY AVE. WINTHROP

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other) 3666

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 27 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Coronary artery disease with stenosis

20 Accident, suicide or homicide (specify)
Date of occurrence 19

Where did Injury occur? (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

Manner of Injury

Nature of Injury

While at work? Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Suffolk Date June 30 1941

22 WINTHROP CEM. - EVERETT
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL JUNE 29, 1941

23 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
ADDRESS 10 WASHINGTON ST. DOR

Received and filed 19

(Registrar)

25m-2-'40-D-729-b

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

.....

.....

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.....

.....

.....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BROOKLINE
(City or town making return)

Registered No. 334

1 PLACE OF DEATH
NORFOLK (County)
BROOKLINE (City or Town)
No. 1842 BEACON St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NATHANIEL F. TARBOX
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 111✓

(a) Residence. No. 98 BELLEVUE AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Rest Home years months 7 days. In this community 11 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Widowed

5a If married, widowed, or divorced
HUSBAND of Cora Etta Tuttle
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Carpenter

10 Industry or Business:

11 Social Security No. 326-16-1093

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS

13 NAME OF FATHER Joseph M. Tarbox

14 BIRTHPLACE OF FATHER (City) Biddeford
(State or country) Maine

15 MAIDEN NAME OF MOTHER Annie M. Falker

16 BIRTHPLACE OF MOTHER (City) Biddeford
(State or country) Maine

17 Informant Helen Tarbox (Relation, if any Daughter)
(Address) 98 Bellevue Av. Winthrop

A TRUE COPY
ATTEST: Arthur J. Skinner
(Registrar of city or town where death occurred)
DATE FILED June 30, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 28 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 15, 1941, to June 28, 1941
I last saw him alive on June 24, 1941 death is said to have occurred on the date stated above, at 7:15 P.m

	Duration
Immediate cause of death: Carcinoma of rectum	5 mos.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Inoperable carcinoma of rectum--Colostomy Date of 4/23/41
Of autopsy
What test confirmed diagnosis?

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Conrad Wesselhoeft, M. D.
(Address) 315 Marlboro St. Boston Date 6/28 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Hill, Saco, Me.
(Cemetery) (City or Town)
DATE OF BURIAL July 1 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUL-3 1941 AM

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form N-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk (County) — Boston (City or Town) — (City or town making return) SECTION 112

Registered No. 5185

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William R Barker (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 56 Locust St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Anna Lyndon (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 52 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: plasterer

10 Industry or Business: job plasterer

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: William Barker

14 BIRTHPLACE OF FATHER (City) (State or country): Washington D C

15 MAIDEN NAME OF MOTHER: Mary Larkin

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant (Address): wife Relation, if any ( )

A TRUE COPY.

ATTEST: Francis J Gay (Registrar of city or town where death occurred)

DATE FILED 6/4/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 1 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 5/14/41, 19, to 6/1/41, 19. I last saw him alive on 6/1/41, 19, death is said to have occurred on the date stated above, at 3/20A m.

	Duration
Immediate cause of death: generalized peritonitis	5/14/41
Due to duodenal ulcer with perforation	5/14/41
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations plication of duodenal ulcer Date of 5/14/41

Of autopsy as causes of death

What test confirmed diagnosis? autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H Benjamin M. D.

(Address) Boston Date 6/1/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Mass (City or Town)

DATE OF BURIAL June 3 1941 19

22 NAME OF FUNERAL DIRECTOR R H White

ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

JUL 1 4 1941

2M R-305

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Boston (City or town making return)

113

Registered No. 5327

1 PLACE OF DEATH — Suffolk (County) — Boston (City or Town)

No. Long Island Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John McGlinchey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Main St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 6 Years 11 Months 16 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: John J McGlinchey

14 BIRTHPLACE OF FATHER (City) (State or country): Boston

15 MAIDEN NAME OF MOTHER: Virginia P LaVoie

16 BIRTHPLACE OF MOTHER (City) (State or country): Winthrop

17 Informant (Address): mother Relation, if any ( )

A TRUE COPY.

ATTEST: Francis J Gay (Registrar of city or town where death occurred)

DATE FILED 6/10/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 6 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Contusion of brain & multiple injuries

Under investigation

20 Accident, suicide, or homicide (specify) accident

Date of occurrence June 27 1940 19

Where did Injury occur? Belmont (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury: auto accident

Nature of Injury:

While at work? ..... Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W H Watters M. D.

(Address) Boston Date 6/6/19 41

22 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 9 1941 19

23 NAME OF FUNERAL DIRECTOR W J Cassidy

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

JUL 1 2 1941

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH (County) .....
(City or Town) .....
No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return) .....

Registered No. 5492

2 FULL NAME Hyman Rubin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 167 Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Rose Glaser
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 64 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: salesman

10 Industry or Business: Textile Leaders Inc

11 Social Security No. 022-12-3057

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Samuel Rubin

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Naomi E Silverman

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant William Rubin (Address) ..... Relation, if any (son)

A TRUE COPY. Francis J. Gay
ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED 6/16/41 19.....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 12 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/16/41, 19....., to 6/12/41, 19.....
I last saw h. 1m alive on 6/12/41, 19....., death is said to have occurred on the date stated above, at 11/20P.m.

Immediate cause of death ..... Duration
acute myocardial infarction- 16 dys
Due to coronary thrombosis
Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E C Malewitx, M. D.
(Address) Boston Date 6/13/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Anahe Labovitz
(Cemetery) Woburn
(City or Town)
DATE OF BURIAL June 13 1941 19.....

22 NAME OF FUNERAL DIRECTOR M L Torf
ADDRESS Boston

Received and filed ..... 19.....
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

JUL 14 1941

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

60m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea 115
(City or town making return)

Registered No. 372

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Soldiers' Home Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel L. Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) World War

(a) Residence. No. 31 River Rd. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hosp. years 1 months 20 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of Frances Lupin
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years 2 Months 5 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Painter

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Charlestown, Mass.
(State or country)

PARENTS

13 NAME OF FATHER John W.

14 BIRTHPLACE OF FATHER (City) Mass.
(State or country) Esther A. Rowe

15 MAIDEN NAME OF MOTHER England

16 BIRTHPLACE OF MOTHER (City)
(State or country) Hospital Records

17 Informant (Address) (Relation, if any)

A TRUE COPY.
ATTEST: Joseph A. Pyrrell
(Registrar of city or town where death occurred)
DATE FILED June 17, 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 17, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Apr. 28 1941 to June 17 1941
I last saw h alive on June 17 1941 death is said to have occurred on the date stated above, at 12:10 A.M.

Immediate cause of death	Duration
Carcinoma of lung	? 1 yr.
Due to xxxx Chronic duodenal ulcer	? yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) Rheumatic and coronary heart disease	? yrs.

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John F. Conlin, M. D.
(Address) Soldiers' Home Date 6/17 19 41

21 PLACE OF BURIAL CREMATION OR REMOVAL Holy Cross, Malden, Mass.
(Cemetery) (City or Town)
DATE OF BURIAL June 18, 1941 19

22 NAME OF FUNERAL DIRECTOR F. J. McGlinchey
ADDRESS 583 Broadway, Chelsea, Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

JUL 1 2 1941

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 116

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 4 Belcher St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mantie Cora (Belcher) Davison (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Belcher St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community 72 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Gaetano Lanza Davison (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Frederick W. Belcher

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Eliza Poor

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

17 Informant Eunice B. Belcher (Relation, if any: cousin)
(Address) 339 Winthrop St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 7/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 2 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1924 to July 2, 1941
I last saw her alive on July 1, 1941 death is said to have occurred on the date stated above, at 8:20 p.m.

Immediate cause of death — Duration

IMPORTANT

Cerebral Hemorrhage — 7 days
Pulmonary Edema — 1 day
Due to Arteriosclerosis — 7 yrs
Hypertension — 7 yrs
Due to Chronic Nephritis — 7 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? Physical Exam

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Samuel B. Wheeling, M. D.
(Address) 170 Shirley St. Date July 3, 1941

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 5, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

100m-2-'40-D-729-a

NOTE: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 137

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 53 Centre St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Louis G. Camacho (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) None

(a) Residence. No. 53 Centre St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ~~None~~ (Specify whether) years months days. In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Luz (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Longshoreman

10 Industry or Business:

11 Social Security No. 021-10-9125

12 BIRTHPLACE (City) (State or country) Portugal

PARENTS

13 NAME OF FATHER Anthony Camacho

14 BIRTHPLACE OF FATHER (City) (State or country) Portugal

15 MAIDEN NAME OF MOTHER Charlotte Augustus

16 BIRTHPLACE OF MOTHER (City) (State or country) Portugal

17 Informant Mrs Mary Camacho (Relation, if any: Wife)
(Address) 53 Centre st Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/8/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 5 (Day) 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Hypertensive Heart Disease
Chronic Interstitial Nephritis
Contusions of Scalp

20 Accident, suicide or homicide (specify) —
Date of occurrence 19
Where did Injury occur? (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
Manner of Injury Natural Causes
Nature of Injury
While at work? no Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm. F. Buckley, M. D.
(Address) Boston. Date 5 — 1941

22 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL July 8 1941

23 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS Boston

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 118

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Altrude (Phillips) Reed
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 48 Sargent St St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Rest Home years months days. In this community 29 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John J. Reed (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 7 Months 6 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At. Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Blanford (State or country) Mass.

PARENTS

13 NAME OF FATHER Louis Phillips

14 BIRTHPLACE OF FATHER (City) Not Known (State or country) Mass.

15 MAIDEN NAME OF MOTHER Maria Watson

16 BIRTHPLACE OF MOTHER (City) Blanford (State or country) Mass.

17 Informant Lawton Reed (Relation, if any Son)
(Address) 193 Endicott Ave Revere Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guldrey
(Signature of Agent of Board of Health or other)
Health Officer 7/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 6 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from March 15, 1941, to June 6, 1941
I last saw h. alive on July 5, 1941, death is said to have occurred on the date stated above at 4 a. m.
Immediate cause of death Myocarditis — Duration IMPORTANT 10 years
Due to Old age
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of
Of autopsy —
What test confirmed diagnosis? Clinical Signs

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) 77 Washington Date July 7 1941

21 Place of Burial, Cremation or Removal: Mt. Auburn (City or Town) Cambridge
DATE OF BURIAL July 8 1941 19

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19
(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 149

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elsie Murdock Ruan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 405 Revere St St. (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution ~~1 Day~~ Hospital years months / days. (Specify whether) In this community 22 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Daniel G Ruan
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 7 Months 8 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Burlington N.J.
(State or country)

PARENTS

13 NAME OF FATHER Franklin H. Murdock

14 BIRTHPLACE OF FATHER (City) Burlington
(State or country) N.J.

15 MAIDEN NAME OF MOTHER Not Known

16 BIRTHPLACE OF MOTHER (City) Not Known
(State or country)

17 Informant (Address) Welfare Records Town of Winthrop Relation, if any ( )

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Clarke
(Signature of Agent of Board of Health or other)

Health Officer 7/10/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 7, 1941, to July 8, 1941
I last saw h... alive on July 8, 1941, death is said to have occurred on the date stated above, at 8:45 m.

Immediate cause of death Myocarditis

Duration IMPORTANT 4-5 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) 78 Wood Ave Winthrop Date July 10 1941

21 Burlington N.J.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 12 1941 19

22 NAME OF FUNERAL DIRECTOR Richard T. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-303

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

50m-10-'39. No. 8427-h

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return)

Registered No. 120

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 105 Sewall Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Joseph MacDonald (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 105 Sewall Ave Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary J. Mackill (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Policeman Retired

10 Industry or Business: Winthrop Police Dep't

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Prince Edward Island

PARENTS

13 NAME OF FATHER: James MacDonald

14 BIRTHPLACE OF FATHER (City) (State or country): Prince Edward Island

15 MAIDEN NAME OF MOTHER: Clementine MacDonald (OK.)

16 BIRTHPLACE OF MOTHER (City) (State or country): Prince Edward Island

17 Informant: Mary J. MacDonald Relation, if any: Wife
(Address): 105 Sewall Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

7/11/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July — 10 — 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute Cardiac Failure.
Partially Coronary Sclerosis

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19 .....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

Manner of Injury: Collapsed + died quickly

Nature of Injury .....

While at work? ..... Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John F. Buckley, M. D.

(Address) Boston, Mass. Date 10 19 41

22 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop

DATE OF BURIAL July 14, 1941. 19 .....

23 NAME OF FUNERAL DIRECTOR John F. O'Malley

ADDRESS Winthrop, Massachusetts

Received and filed ..... 19 .....

A TRUE COPY ATTEST: ..... (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L. as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same: . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*General Laws, Chap.* 38, *Sec* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaestbetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death)."

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Boston notified 8-8-41

1 R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 121

PLACE OF DEATH

1 (County) ..... (City or Town) Winthrop

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Goglia
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 383 Maverick St. East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER Jimmy Goglia

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Italy

15 MAIDEN NAME OF MOTHER Mary Corrisale

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Italy

17 Informant Jimmy Goglia (Relation, if any Father)
(Address) 383 Maverick St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Guldbeck
(Signature of Agent of Board of Health or other)

Health Officer 7/14/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 10, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1941, to July 10, 1941, last saw her ~~alive on~~ ....., 19....., death is said to have occurred on the date stated above, at ..... m.

Immediate cause of death ..... *Duration* IMPORTANT

Due to Stillborn

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death) IMPORTANT

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? clinical

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. Costanzo, M. D.
(Address) 234 Maverick St. Date 7/11/1941

21 St. Michael Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 14 1941

22 NAME OF FUNERAL DIRECTOR Patsy Rapino
ADDRESS 9 Chelsea St. East Boston

Received and filed ..... 19.....
(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

per Mr. O'Malley – 10-5-41

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 122

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~Male~~ Hannaford
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 35 Fremont St. St. .....
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: ~~Male~~ Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): ~~Single~~

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Joseph D. Hannaford

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Gertrude McAuliffe

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Joseph D. Hannaford (Relation, if any father)
(Address) 35 Fremont St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer 7/11/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 11, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at ..... m.

	Duration
Immediate cause of death: Stillborn	6 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Maurice O. Nelson, M. D.
(Address) 311 Bennett Ave. Winthrop Date 7/11 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town)
DATE OF BURIAL July 12, 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed ..... 19.....

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

RM R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Stoneham 123
(City or town making return)

Registered No. 109

1 PLACE OF DEATH: Middlesex (County); Stoneham (City or Town)

No. New Eng. San. & Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Annie Elizabeth Bartlett
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 63 Winthrop St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital years months 28 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years 8 Months 29 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Bookkeeper, reitred

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Annapolis
(State or country) Nova Scotia

PARENTS

13 NAME OF FATHER: John Hill Bartlett

14 BIRTHPLACE OF FATHER (City) Dorset Co.
(State or country) England

15 MAIDEN NAME OF MOTHER: Alvenia Susan Bent

16 BIRTHPLACE OF MOTHER (City) Bentville
(State or country) Nova Scotia

17 Informant Hospital records Relation, if any ( )
(Address)

A TRUE COPY
ATTEST: Winifred A. McCarthy
(Registrar of city or town where death occurred)

DATE FILED July 11 19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 20, 1941, to July 11, 1941

I last saw her alive on July 10, 1941, death is said to have occurred on the date stated above, at m.

Immediate cause of death	Duration
Adenocarcinoma of ovary	Feb. '41
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adenocarcinoma of ovary Date of Feb. 1941
Of autopsy none
What test confirmed diagnosis? Biopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) P. L. Fisher, M. D.
(Address) Stoneham, Mass. Date 7/11 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or Town)
DATE OF BURIAL July 13 19 41

22 NAME OF FUNERAL DIRECTOR Richard V. White
ADDRESS Winthrop, Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

JUL 14 1941

FORM R-301

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 104

1 PLACE OF DEATH
Winthrop (County)
Suffolk (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Joseph Dervan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 75 Crest Ave St. .....
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months 1 days. In this community 30 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Ellen A. Rafferty
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Tubing Manufacturer

11 Social Security No. —

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER: John J. Dervan

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland

15 MAIDEN NAME OF MOTHER: Maria Bohan

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

17 Informant Ellen A. Dervan (Relation, if any) Wife
(Address) 75 Crest Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 7/14/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 12 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 8, 1941, to July 12, 1941
I last saw h.. alive on July 12, 1941, death is said to have occurred on the date stated above, at 9 P. m.

Immediate cause of death	Duration
Carcinoma of Prostate Gland	5 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy —
What test confirmed diagnosis? 0

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Edward J. Trainor, M. D.
(Address) 2015 Washington St. Date July 14 1941

21 Place of Burial, Cremation or Removal. Mauchester (City or Town) Mauchester
DATE OF BURIAL July 15 1941 19..

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed ..... 19..

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

_____

_____

_____

_____

_____

RM R-303A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 125

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 229 Main St (Cameron) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Marion Isabelle Dinkel (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 229 Main St Winthrop St (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Paul B. Dinkel (Husband's name in full)

6 Age of husband or wife if alive 42 years years

7 IF STILLBORN, enter that fact here.

8 AGE 37 Years 10 Months 13 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Somerville (State or country) Massachusetts

PARENTS

13 NAME OF FATHER: Alexander Cameron

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER: Isabelle Angus

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant: Paul B. Dinkel (Relation, if any: husband)
(Address) 229 Main St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 7/14/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July (Month) — 12 (Day) — 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Barbiturate Poisoning

Carcinoma left Breast

Probably Suicidal

20 Accident, suicide or homicide (specify)

Date of occurrence July — 12 — 1941

Where did Injury occur? Winthrop (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

Manner of Injury: Found dead in her bed

Nature of Injury

While at work? no Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. J. Buckley, M. D.

(Address) Boston July - 12 - 1941

22 Place of Burial, Cremation or Removal: Shawsheen Cemetery Bedford Mass (City or Town)

DATE OF BURIAL July 15, 1941

23 NAME OF FUNERAL DIRECTOR: Charles R. Bennison

ADDRESS: Winthrop Mass

Received and filed JUL 1 6 1941 (Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of **persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 126

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 19 Sargent St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie (Floyd) Griffin (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Sargent St. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Sidney Ernest Griffin (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 5 Months 9 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop (State or country) Mass.

PARENTS

13 NAME OF FATHER: Philip Payson Floyd

14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Abbie Allen

16 BIRTHPLACE OF MOTHER (City) Winthrop (State or country) Mass.

17 Informant Sidney Griffin (Relation, if any) (Address) 131 N Main St. Lombard ILL.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) July 17/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 17 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/16, 1941, to 7/17, 1941

I last saw her alive on 7/16, 1941, death is said to have occurred on the date stated above, at 6 A. m.

Immediate cause of death ..... Duration

IMPORTANT

Angina Pectoris — 18 hrs.

Due to Pesterie

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Date of .....

Of autopsy —

What test confirmed diagnosis? —

IMPORTANT PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Harry A. Kelly, M. D.

(Address) Winthrop Date 7/17 1941

21 Winthrop — Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL July 19 1941

22 NAME OF FUNERAL DIRECTOR Howard Reynolds

ADDRESS Winthrop Mass.

Received and filed ..... 19.....

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 127

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 65 Somerset Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank Denis McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 65 Somerset Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of Mary P. Donovan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Merchant

10 Industry or Business: Grocery

11 Social Security No.

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Florence McCarthy

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary O'Brien

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Frank McCarthy (Relation, if any Son)
(Address) 65 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Schildness
(Signature of Agent of Board of Health or other)

H.O. July 18/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 17 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to July 17, 1941, last saw h. alive on July 17, 1941, death is said to have occurred on the date stated above, at 7:45 P.M.

Immediate cause of death Carcinoma uterus

Duration IMPORTANT 1 yr

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —
Date of
Of autopsy —
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date July 19 1941

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 21, 1941 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed JUL 21 1941 19
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall he issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 128

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 949 Shirley St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Jos. Meagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 949 Shirley St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Freight Clerk

10 Industry or Business: B.& M.R.R.

11 Social Security No. .....

12 BIRTHPLACE (City) Halifax
(State or country) Canada

PARENTS

13 NAME OF FATHER John Meagher

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Condon

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

17 Informant Bridget Meaher (Relation, if any Sister)
(Address) 949 Shirley St.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial, or transit permit was issued:
William D. Chedres
(Signature of Agent of Board of Health or other)
Agent July 19th 1941
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 18 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 12, 1941, to July 18, 1941
I last saw him alive on July 18, 1941, death is said to have occurred on the date stated above, at 4.00 P.M.

Immediate cause of death — Duration — IMPORTANT
Cerebral Hemorrhage — 2 days
Due to .....
Due to .....
Other conditions Colitis. — 2 days
(Include pregnancy within 3 months of death)
Major findings: —
Of operations ..... Date of —
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward J. Frazier, M. D.
(Address) 200 Washington Ave. Date July 19 1941

21 St. Josephs Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 21, 1941 19

22 NAME OF FUNERAL DIRECTOR John H. Malaf
ADDRESS Winthrop

Received and filed 19
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 129

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Cunningham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 372 Meridian St St. E Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years months 21 days. In this community yrs. mos. ~~21 days.~~
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Thomas H Cunningham Sr.,
(Husband's name in full)

6 Age of husband or wife if alive 76 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER Eugene Mc Carthy

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Nora Leahey

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Thomas H Cunningham (Relation, if any Husband)
(Address) 372 Meridian St E B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 7/21/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 19 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 18, 1941, to July 19, 1941
I last saw her alive on July 19, 1941, death is said to have occurred on the date stated above, at 4.05 P.m.

Immediate cause of death

	Duration
Cardiac Decompensation	IMPORTANT 6 weeks
Due to Arteriosclerotic Heart Disease	?
Due to Diabetes — Phlebitis	? yrs.
Endarteritis Obliterans	3 weeks
Other conditions Gangrene left lower leg (Include pregnancy within 3 months of death)	2 weeks

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. Nathan Caplan, M. D.
(Address) 1 Sh Pemberton Sq Date Jul 21 1941
E Boston

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop
DATE OF BURIAL July 22 1941

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS E Boston

Received and filed JUL 22 1941 19
(Registrar)

100m (d)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-303A

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 130

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give NAME instead of street and number)

2 FULL NAME Luigi Noceti (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) —

(a) Residence. No. 179 Hermon St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years months days. In this community 40 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Fopiano (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Building Contractor

10 Industry or Business: Building

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER unknown

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Unknown.

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Mary Noceti (Address) 179 Hermon St. Winthrop Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 22, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Multiple Injuries

20 Accident, suicide or homicide (specify) Accident

Date of occurrence 7/22/41

Where did Injury occur? Winthrop, Mass (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? Private Home (Specify type of place)

Manner of Injury Fall.

Nature of Injury Compression

While at work? No Was there an autopsy? No

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Cornelius O'Leary M.D.

(Address) East Med. Wm. Date 7/22/41

22 Calvary Place of Burial, Cremation or Removal. Boston (City or Town)

DATE OF BURIAL July 24, 1941

23 NAME OF FUNERAL DIRECTOR Michael J. Puella

ADDRESS 10 No. Benett St., Boston

Received and filed July 29 19 41

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

MARGIN RESERVED FOR BINDING

200m-10-39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) .....

Registered No. 131

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 163 Standwood St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Suella M. "Guilford" Gilbert. (If deceased is a married, widowed, or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 92 Ocean Ave St. Cranston R.I. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community — yrs. 1 mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Frederick R. Gilbert (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 11 Months 5 Days; If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: none

10 Industry or Business: .....

11 Social Security No. none

12 BIRTHPLACE (City) Chelsea (State or country) mass

PARENTS

13 NAME OF FATHER: Cannot be learned

14 BIRTHPLACE OF FATHER (City) ..... (State or country) .....

15 MAIDEN NAME OF MOTHER .....

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) .....

17 Informant: John R. Gilbert Relation, if any: Son (Address) 346 Bacon St Waltham

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) July 25/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July (Month) 25 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 12, 1941, to July 25, 1941

I last saw h. alive on July 25, 1941, death is said to have occurred on the date stated above, at 3.45 p.m.

	Duration
Immediate cause of death: Cardiosclerosis	1 yr.
Due to: Arteriosclerosis	1-2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo Gubb, M. D.
(Address) 103 Myrtle St Date 7/25 1941

21 Place of Burial, Cremation or Removal: Mt Auburn Cemetery (City or Town) Cambridge
DATE OF BURIAL July 28 1941

22 NAME OF FUNERAL DIRECTOR: T. Wentworth & Sons Inc
ADDRESS Waltham

Received and filed July 29 1941

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 132

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 279 River Rd St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Helen Francis Callahan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 279 River Rd St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Owner

10 Industry or Business: Hotel

11 Social Security No. .....

12 BIRTHPLACE (City) Florida
(State or country) Mass

PARENTS

13 NAME OF FATHER Jeremiah Callahan

14 BIRTHPLACE OF FATHER (City) .....
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Catherine Burke

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Ireland

17 Informant Elizabeth Lunney (Relation, if any Sister)
(Address) 279 River Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. P. Cuddrey
(Signature of Agent of Board of Health or other)
Health Officer 7/28/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July - 26 - 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1941, to July 26, 1941
I last saw h. alive on July 26, 1941, death is said to have occurred on the date stated above, at 8-30 P.m.

Immediate cause of death Carcinoma - Intestines — Duration
Due to Bronch. - Pneumonia — IMPORTANT 1 year — 8 days
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings: Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? O

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Edward J. Franzen M. D.
(Address) 200 Warren St. Date July 27 1941

21 Hillside No. Adams Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 29 1941 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed July 29, 1941
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4007

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH: Sufflok (County) — Winthrop (City or Town) — No. 134 Court Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Frederick W Simson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 134 Court Rd. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 39 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of: Margaret Douglas (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive: ~~Wife~~ 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years 6 Months 10 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Trainmen

10 Industry or Business: N.Y. & N.H.& H. Railroad

11 Social Security No. None

12 BIRTHPLACE (City) Lynn (State or country) Mass.

PARENTS

13 NAME OF FATHER: George Simson

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Helen Greenlaw

16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) New York

17 Informant: Margaret Simson (Relation, if any: Wife)
(Address) 134 Court Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chickering
(Signature of Agent of Board of Health or other)

Health Officer 7/31/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: July (Month) 29 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1941, to July 28, 1941
I last saw him alive on July 28, 1941, death is said to have occurred on the date stated above, at 12.50 A.M.

Immediate cause of death: adenocarcinoma of rectum, metastases to lungs and brain — Duration

Due to: deep coma — IMPORTANT

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? Biopsy, x-ray

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Robert K Gordon, M. D.
(Address) 44 Winthrop St. Date 7-30 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town)
DATE OF BURIAL July 31 1941

22 NAME OF FUNERAL DIRECTOR: Howard S Reynolds
ADDRESS 140 Winthrop St Winthrop Mass.

Received and filed July 31, 1941
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-302

WRITE PLAINLY, WITH UNFADING BLACK INK — THIS IS A PERMANENT RECORD

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BROOKLINE 134
(City or town making return)

Registered No. 380

1 PLACE OF DEATH
NORFOLK (County)
BROOKLINE (City or Town)
No. 1691 BEACON St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MINNIE RUSKIN (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 34 TRIDENT AVENUE St. WINTHROP, MASS.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution NURSING HOME years 1 months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Frank Ruskin
(Husband's name in full)

6 Age of husband or wife if alive 72 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own home

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Abraham Bosick

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER (Unknown)

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Frank Ruskin (Relation, if any Husband)
(Address) 34 Trident Avenue, Winthrop

A TRUE COPY Arthur J. Skinner
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED July 31, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 30 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 26, 1941, to July 30, 1941
I last saw her alive on July 30, 1941 death is said to have occurred on the date stated above, at 7 P.M.

Immediate cause of death: Cancer of uterus — Duration: 9 mos.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? Biopsy

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N. N. Levins, M. D.
(Address) 30 Chambers St. Boston Date 7/31 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Tifereth Israel, Everett
(Cemetery) (City or Town)
DATE OF BURIAL July 31 1941

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS Brookline

Received and filed Ronald S. McLeod 19
(Registrar of City or Town where deceased resided)

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON 125
(City or town making return)

Registered No. 6380

1 PLACE OF DEATH
(County) SUFFOLK
(City or Town) BOSTON
No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willard E Ingalls
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 230 Pleasant St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years ..... months ..... days. In this community ..... yrs. ..... mos. ..... days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Margaret M Kerrigan
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

9 AGE 53 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: clerk

10 Industry or Business: W P A Project

11 Social Security No. 032-012-084

12 BIRTHPLACE (City) (State or country) Lynn Mass

PARENTS

13 NAME OF FATHER: Edwin W Ingalls

14 BIRTHPLACE OF FATHER (City) (State or country): Lynn Mass

15 MAIDEN NAME OF MOTHER: Elmina Dobbins

16 BIRTHPLACE OF MOTHER (City) (State or country): Scotland

17 Informant (Address): Martha A Ingalls (Relation, if any: dau)

A TRUE COPY. Francis J Gray
ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED 7/16/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 13 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/13/41, 19....., to 7/13/41, 19.....
I last saw him alive on 7/13/41, 19....., death is said to have occurred on the date stated above, at 10/55 P.m.

	Duration
Immediate cause of death: staphlococcus septicemia	dys
Due to multiple	
Due to	
Other conditions broncho pneumonia (Include pregnancy within 3 months of death)	dys

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H Benjamin, M. D.
(Address) Boston Date 7/14/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pine Grove Lynn
(Cemetery) (City or Town)
DATE OF BURIAL July 16 1941 19

22 NAME OF FUNERAL DIRECTOR C R Bennison
ADDRESS Winthrop

Received and Filed Francis J Gray 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

AUG 16 1941

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON 136
(City or town making return)

Registered No. 6624

1 PLACE OF DEATH (County) Boston (City or Town)

No. Boston State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Collyer (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Winthrop Shore Drive St. Winthrop Mass (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): St John N B

PARENTS

13 NAME OF FATHER: Emmanuel Collyer

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Mary J Crocker

16 BIRTHPLACE OF MOTHER (City) (State or country): Newfoundland

17 Informant: Mary T Collyer (Address) Relation, if any: sister

A TRUE COPY. Francis J. Fay
ATTEST: (Registrar of city or town where death occurred)

DATE FILED 7/25/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 23 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 6/25/41, 19, to 7/23/41, 19
I last saw her alive on 7/22/41, 19, death is said to have occurred on the date stated above, at 7/55A m.

	Duration
Immediate cause of death broncho pneumonia	1 dy
Due to gen arterio sclerosis	unk
Due to	
Other conditions senile psychosis (Include pregnancy within 3 months of death)	unk

PHYSICIAN

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M R Simpson M. D.
(Address) Boston Date 7/23/ 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Exeter Mass (Cemetery) (City or Town)
DATE OF BURIAL July 25 1941 19

22 NAME OF FUNERAL DIRECTOR C R Bennison
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

AUG 1 2 1954

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON 137
(City or town making return)

Registered No. 6840

1 PLACE OF DEATH: (County) SUFFOLK; (City or Town) BOSTON

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Shirley F Brooks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 39 Johnson Ave St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): divorced

5a If married, widowed, or divorced HUSBAND of Ruth Locke (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 11 Months 28 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: retired

10 Industry or Business: Leather & Hides

11 Social Security No. 011-01-3888

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER: Eugene D Brooks

14 BIRTHPLACE OF FATHER (City) (State or country): Templeton Mass

15 MAIDEN NAME OF MOTHER: Sarah Whitney

16 BIRTHPLACE OF MOTHER (City) (State or country): Heniker NH

17 Informant: Sarah M Brooks (Address) Relation, if any: dau

A TRUE COPY.

ATTEST: ..... (Registrar of city or town where death occurred)

DATE FILED 8/2/41 19..

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 30 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 7/27/41, 19.., to 7/30/41, 19.. I last saw her alive on 7/30/41, 19.., death is said to have occurred on the date stated above, at 8/05 P.m.

Immediate cause of death	Duration
coronary thrombosis	1 yr
myocardial infarction	
Due to acute ventricular failure das	
Due to recent occlusion of merebral	
artery-pulmonary infarction -hrs	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W B Osgood, M. D.
(Address) Boston Date 7/31/1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Camb (Cemetery) (City or Town)
DATE OF BURIAL Aug 2 1941 19..

22 NAME OF FUNERAL DIRECTOR C R Bennison
ADDRESS Lexington Mass

Received and filed ..... 19..
(Registrar of City or Town where deceased resided)

AUG 13 1941 M

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return) 138

Registered No. 6819

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town); No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George A Leighton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 49 49 Beacon St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Alice J McCarthy (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 10 Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: retired

10 Industry or Business: roofing business

11 Social Security No. .....

12 BIRTHPLACE (City) - (State or country) Maine

PARENTS

13 NAME OF FATHER: Luther Leighton

14 BIRTHPLACE OF FATHER (City) - (State or country) Maine

15 MAIDEN NAME OF MOTHER: Caroline Kelly

16 BIRTHPLACE OF MOTHER (City) - (State or country) Me

17 Informant: Ronald Leighton (Address) ..... Relation, if any: son

A TRUE COPY.

ATTEST: Frances J. Fay (Registrar of city or town where death occurred)

DATE FILED 8/1/41 19

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH: July (Month) 30 (Day) 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Chronic cardio vascular disease-
prostatic hypertrophy

20 Accident, suicide, or homicide (specify) .....

Date of occurrence ..... 19 .....

Where did Injury occur? ..... (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? ..... (Specify type of place)

Manner of Injury .....

Nature of Injury .....

While at work? ..... Was there an autopsy? .....

21 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W H Watters

(Address) Boston Date 7/31 19 41 (M. D.)

22 Winthrop Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug 1 1941 19

23 NAME OF FUNERAL DIRECTOR C R Bennison

ADDRESS Winthrop

Received and filed ..... 19 .....

(Registrar of City or Town where deceased resided)

AUG 1 8 1964

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 139

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry J. Bates
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 26 Pico Avenue St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years 6 months 14 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Hazel ------
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Typewriter repair man

10 Industry or Business:

11 Social Security No. cannot be learned

12 BIRTHPLACE (City) Somerville
(State or country)

PARENTS

13 NAME OF FATHER Louis Bates

14 BIRTHPLACE OF FATHER (City) Cannot be learned
(State or country)

15 MAIDEN NAME OF MOTHER Ruth Bailey

16 BIRTHPLACE OF MOTHER (City) Cohassett
(State or country)

17 Informant M.K.McPhillips Relation, if any
(Address) DSH ( )

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 8/2/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 31, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1941 to July 31, 1941

I last saw him alive on July 31, 1941 death is said to have occurred on the date stated above, at 3.15 p.m.

Immediate cause of death	Duration
Generalized arteriosclerosis	2 yrs
Arteriosclerotic heart disease	2yrs
Due to Bronchopneumonia	1 week
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? Clinical
If so, specify

(Signed) Abraham Gardner, M. D.
(Address) DSH Date 8/1 41 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Nashua N.H.
(Cemetery) (City or Town)

DATE OF BURIAL 8/2/41 19

22 NAME OF FUNERAL DIRECTOR Charles H. Farwell
ADDRESS Nashua, N.H.

Received and filed 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 2427-f

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 140

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 20 Faun Bar Avenue St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Matthew James Owens
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Faun Bar Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Laura Blanche Richardson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years 9 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Advertising novelty business

10 Industry or Business: Self employed as above

11 Social Security No. —

12 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

PARENTS

13 NAME OF FATHER Matthew Owens

14 BIRTHPLACE OF FATHER (City) St. John
(State or country) Newfoundland

15 MAIDEN NAME OF MOTHER Ellen Cavanaugh

16 BIRTHPLACE OF MOTHER (City) St. Johns
(State or country) New Brunswick

17 Informant Mrs. Laura B. Owens (Wife) Relation, if any
(Address) 20 Faun Bar Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 2 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 28, 1941, to Aug 1, 1941
I last saw h. i. alive on Aug 1, 1941, death is said to have occurred on the date stated above, at 10:30 A.m.

Immediate cause of death Coronary Thrombosis — Duration 3 mos.
Due to Coronary Sclerosis — 2 yrs
Due to
Other conditions none
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Date of
Of autopsy
What test confirmed diagnosis? Clinical Signs

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. J. O'Brien, M. D.
(Address) Winthrop Date Aug 3 1941

21 Tewksbury Cemetery Tewksbury Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 4, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
Richard L. Smith
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 141

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 106 Circuit Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jane Gertrude (Hall) Rogers
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 106 Circuit Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years ..... months ..... days. In this community 41 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Milton Caleb Rogers (Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 4 Months 2 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Clinton
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Augustus M. Hall

14 BIRTHPLACE OF FATHER (City) .....
(State or country) New York

15 MAIDEN NAME OF MOTHER Agnes Douglas

16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Scotland

17 Informant Milton C. Rogers (Relation, if any husband)
(Address) 106 Circuit Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childers
(Signature of Agent of Board of Health or other)
Health Officer 8/5/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 2 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from No medical attendance, 19..., to ....., 19...
I last saw h... alive on ....., 19..., death is said to have occurred on the date stated above, at 9 A.M.

Immediate cause of death ..... Duration
Natural causes
Due to presumably coronary occlusion 8 hours
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Diabetes mellitus

IMPORTANT
Major findings: —
Of operations .....
Date of .....
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Arthur F. [illegible] M. D.
(Address) Winthrop Mass Date 8-5 1941

21 Place of Burial, Cremation or Removal. Woodlawn Cemetery Clinton Mass (City or Town)
DATE OF BURIAL August 5, 1941 19...

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ..... 19...
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 142

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 44 Irwin St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Eva May Turner Blanchard (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 44 Irwin ~~Street~~ St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 40 yrs. mos. days

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Harry Blanchard (Husband's name in full)

6 Age of husband or wife if alive 79 years

7 IF STILLBORN, enter that fact here.

8 AGE 80 Years 3 Months 25 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country): Fort Fairfield Me.

PARENTS

13 NAME OF FATHER: Daniel Turner

14 BIRTHPLACE OF FATHER (City) (State or country): Canada

15 MAIDEN NAME OF MOTHER: Not known

16 BIRTHPLACE OF MOTHER (City) (State or country): Canada

17 Informant: Harry Blanchard (Address) 44 Irwin St. Winthrop — Relation, if any: Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/12/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: August 9, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19..... death is said to have occurred on the date stated above, at 6:10 A.M. ..... m.

Immediate cause of death: Natural causes

Due to: Generalized arteriosclerosis ... years

Due to: Chronic cardio-renal disease ... years

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations: none ..... Date of .....
Of autopsy: none
What test confirmed diagnosis? —

Duration IMPORTANT

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Robert C. Thurston, M. D.
(Address) Winthrop Board of Health Date 8 9 1941

21 Winthrop Winthrop (Place of Burial, Cremation or Removal) (City or Town)
DATE OF BURIAL AUG 12 1941 19.....

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed ..... 19.....
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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1 R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 143

1 PLACE OF DEATH: Essex (County); Danvers (City or Town); No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis Joseph Smith (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Vine Ave. St. Winthrop (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution (Specify whether) years months 1 days 4 In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): separated

5a If married, widowed, or divorced
HUSBAND of cannot be learned (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: W P A

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) (State or country) England

PARENTS

13 NAME OF FATHER: Cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER: Catherine Parr

16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant: Mary K. McPhillips (Relation, if any)
(Address) Dsh

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 8/16/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 9, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 5, 19 41 to Aug. 9, 19 41
I last saw him alive on Aug. 9, 19 41, death is said to have occurred on the date stated above, at 7.20 p.m.

	Duration
Immediate cause of death: Generalized arteriosclerosis	2yrs
Arteriosclerotic heart dis.	"
Due to Bronchopneumonia	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? clinical

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Abraham Gardner M. D.
(Address) Dsh Date 8/13/41 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL
Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL 8/18/41 19

22 NAME OF FUNERAL DIRECTOR Richard D. White
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

M R-301 A

BOSTON NOTIFIED SEP 10 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 144

1 PLACE OF DEATH: County: Suffolk; City or Town: Winthrop; No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Kiby (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 650 Saratoga St. St. (Usual place of abode) — E Boston (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital (Before death) (Specify whether) years — months — days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: —

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Winthrop Mass

PARENTS

13 NAME OF FATHER: John Kiby

14 BIRTHPLACE OF FATHER (City) (State or country): East Boston Mass

15 MAIDEN NAME OF MOTHER: Mary McMullen

16 BIRTHPLACE OF MOTHER (City) (State or country): East Boston Mass

17 Informant: John Kiby Relation, if any: (Father) (Address) 650 Saratoga St E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 8/13/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: August (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 9:05 p.m. per Dr. O'Regan

Immediate cause of death ..... Duration

Due to Stillborn 6 mo

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations 0 ..... Date of .....

Of autopsy 0

What test confirmed diagnosis? —

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? — If so, specify .....

(Signed) Fred O'Regan, M. D.

(Address) 670 Saratoga St E Boston Date 8/12 1941

21 St Michaels Place of Burial, Cremation or Removal. Boston (City or Town)

DATE OF BURIAL Aug 13 1941

22 NAME OF FUNERAL DIRECTOR Frederick J Mugnath

ADDRESS East Boston

Received and filed ..... 19.....

(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

SEP 10 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 145

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Station Hospital, Fort Banks, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: NATHAN IRVING THOMPSON (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Deane Road, Brookline, Mass. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital (Specify whether) 0 years 0 months 8 days. In this community 0 yrs. 0 mos. 8 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Ellen I. Tuttle (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive Dead years

7 IF STILLBORN, enter that fact here.

8 AGE 91 Years 0 Months 12 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Farmer

10 Industry or Business: Farming

11 Social Security No. - - -

12 BIRTHPLACE (City) (State or country): Orangeville, N. Y.

PARENTS

13 NAME OF FATHER: Nathan Thompson

14 BIRTHPLACE OF FATHER (City) (State or country): ~~Unknown~~ - - - New York

15 MAIDEN NAME OF MOTHER: Clavissa Elmer Hutchinson

16 BIRTHPLACE OF MOTHER (City) (State or country): Western, ~~Oneida Co.~~ N. Y.

17 Informant: Mark L. Ireland, Col. QMC (Relation, if any: Son-in-law)
(Address) Hq. 1st Corps Area, Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chubbuck
(Signature of Agent of Board of Health or other)

Health Officer 8/12/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: August (Month) 12 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 8, 1941, to August 12, 1941

I last saw him alive on ~~1:00 AM~~ Aug 12 1941, death is said to have occurred on the date stated above, at 2:35 A. m.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 da
Due to: Cerebral arteriosclerosis	? ye
Due to: Old age	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis with Cardiac decompensation	? ye

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hyman B. Fisher, M. D.
(Address) Hyde Park, Mass. Date Aug. 12 1941

21 Place of Burial, Cremation, or Removal: Hartford (City or Town) Michigan
DATE OF BURIAL Aug. 14. 1941

22 NAME OF FUNERAL DIRECTOR: Munro-Munro, J. Vincent Munro
ADDRESS 254 Beach St. Revere

Received and filed 8 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

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R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 146

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 233 Pleasant St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josiah P. McLaren
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 233 Pleasant St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of Sarah Jane Currie
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Wood Turner

10 Industry or Business: Mill Work

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Prince Edward Island

PARENTS

13 NAME OF FATHER Archibald McLaren

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER Margaret Stewart

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Ira J. McLaren Relation, if any
(Address) 233 Pleasant St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 8/14/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 14, 1941.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 11, 1941, to August 14 1941
I last saw him alive on August 14 1941, death is said to have occurred on the date stated above, at 1 00 P m.

Immediate cause of death — Duration
Cerebral Hemorrhage — 4 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: —
Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) Edward J. Grainger, M. D.
(Address) 200 Washington St Date Aug. 14 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 16 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Massachusetts

Received and filed 19
(Registrar)

per tel. will be rec. 8-15-41

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.. Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Braintree
(City or town making return)

Registered No. 147

1 PLACE OF DEATH: Norfolk (County); Braintree (City or Town)

No. 93 Oakland Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Theodore H. Bartels (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 98 Reed St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Lillian Aberle (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years – Months – Days; If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Manufacturer Surgical

10 Industry or Business: Supplies

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): Germany

PARENTS

13 NAME OF FATHER: Cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country): Germany

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Germany

17 Informant Dr. Charles M. Tyler (Relation, if any ....)
(Address) 14 Ridge Rd. Milton

A TRUE COPY.
ATTEST: Ernest E. Woodman
(Registrar of city or town where death occurred)

DATE FILED August 15, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 15, (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 13, 1941, to August 15, 1941

I last saw him alive on August 15, 1941, death is said to have occurred on the date stated above, at 11:00AM

Immediate cause of death: Intestinal Obstruction — Duration: 8/13/41

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death): Arteriosclerotic Heart Disease

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Harold W. Ripley, M. D.
(Address) Braintree Date 8/15 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope, Boston (Cemetery) (City or Town)

DATE OF BURIAL August 18, 1941

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Sons
ADDRESS Boston, Mass.

Received and filed ..... 19.....
(Registrar of City or Town where deceased resided)

50m-10-'39. No. 8427-f

If death occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

AUG 13 1941

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 148

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 171 Revere St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Charles E. Broussard (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No.

(a) Residence. No. 171 Revere St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution No years months days. In this community 33 yrs. mos. days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Loretta E. Lynch (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here. —

8 AGE 65 Years — Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Manager
10 Industry or Business: Diner (Lunch)

11 Social Security No. 010-10-0707

12 BIRTHPLACE (City) (State or country) Halifax N.S.

PARENTS

13 NAME OF FATHER: Charles E. Broussard
14 BIRTHPLACE OF FATHER (City) (State or country): Halifax N.S.
15 MAIDEN NAME OF MOTHER: Mary McGrath
16 BIRTHPLACE OF MOTHER (City) (State or country): Halifax N.S.

17 Informant: Mrs. Loretta E. Broussard (Relation, if any: wife)
(Address) 171 Revere St., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Chubbuck
(Signature of Agent of Board of Health or other)

Health Officer 8-19-41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: 8 (Month) 17 (Day) 41 (Year)
per Det. Call 9-9-41

19 I HEREBY CERTIFY, That I attended deceased from 8/16, 1941, to 8/17, 1941
I last saw him alive on 8/17, 1941, death is said to have occurred on the date stated above, at 5.15 p. m.

Immediate cause of death — Duration IMPORTANT
Acute gastritis — 2-4 hrs.
Due to gastritis
Due to Chronic Endocarditis — 1
endocarditis

Other conditions — (Include pregnancy within 3 months of death)

Major findings: —
Of operations
Date of
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Hugh A. Kelly, M. D.
(Address) Winthrop Date 8/19 1941

21 Place of Burial, Cremation or Removal. St. Joseph's, Boston (City or Town)
DATE OF BURIAL August 20, 1941

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed AUG 22 1941 19
(Registrar)

100m-2-'40-D-729-a

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 149

1 PLACE OF DEATH (County) Suffolk
(City or Town) Winthrop
No. 81 ~~84~~ Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Paine Alfred James Paine (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 81 Pleasant St.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. In this community 32 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Lydia May MacDonald
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 66 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Synthetic rubber company

11 Social Security No.

12 BIRTHPLACE (City) Malden
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Alfred William Paine

14 BIRTHPLACE OF FATHER (City) Barnstable
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Marguerite E. Wall

16 BIRTHPLACE OF MOTHER (City) New York
(State or country) New York

17 Informant Mrs. Lydia M. Paine (Relation, if any wife)
(Address) 81 Pleasant St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/20/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 18 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Pulmonary Embolism, thrombosis deep veins + hemorrhage from old ruptured duodenal ulcer

20 Accident, suicide or homicide (specify)
Date of occurrence Not Symptoms developed 19
Where did Injury occur? subsequent to auto accident
(City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place?
In Saugus July 13 1941
(Specify type of place)
Manner of Injury
Nature of Injury
While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Walters M. D.
(Address) Date Aug 19 1941

22 Woodlawn Crematory Everett Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 21, 1941 19

23 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Aug 22 1941 19
(Registrar)

25m-2-'40-D-729-b

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301 A

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 207 Pleasant St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph C. Bettencourt
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) no

(a) Residence, No. 207 Pleasant St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ns years months days. In this community _ yrs. 2 mos. _ days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W.
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of Mary A. Sousa
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Laborer

10 Industry or Business: Candy Factory

11 Social Security No. 012-09-9504

12 BIRTHPLACE (City) (State or country) Portugal

PARENTS

13 NAME OF FATHER Caetano Bettencourt

14 BIRTHPLACE OF FATHER (City) (State or country) Portugal

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Portugal

17 Informant Mary A. Bettencourt Relation, if any wife
(Address) 207 Pleasant St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Will D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/22/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 19 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from No medical attendance for 4 years 19 to 19
I last saw h alive on 19, death is said to have occurred on the date stated above, at 5.00 a.m. p.m. Sudden
Duration

Immediate cause of death
Natural causes
Sudden heart failure
Due to Chronic myocarditis 10 years
Cardiac asthma
Due to

Other conditions
(Include pregnancy within 3 months of death) —

Major findings:
Of operations none
Date of —
Of autopsy none
What test confirmed diagnosis? —

IMPORTANT

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Thompson, M. D.
(Address) Winthrop Square Date 8 19

21 Place of Burial, Cremation or Removal. Holy Cross Malden (City or Town)
DATE OF BURIAL Aug 22 1941

22 NAME OF FUNERAL DIRECTOR F. E. Kirby
ADDRESS Boston

Received and filed AUG 22 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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FORM R-301

BOSTON NOTIFIED
SEP 10 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 151

1 PLACE OF DEATH
Suffolk (County)
Brighton (City of Town)
No. Station Hospital, Fort Banks, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME HENRY SHAFFER SCHERMERHORN
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) Spanish World

(a) Residence. No. 352 Washington Street, Quincy, Mass. St.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution Hospital — years — months 6 days. In this community 14 yrs. — mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Jennie Soucy
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years — Months 5 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Soldier

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Brooklyn, New York
(State or country)

PARENTS

13 NAME OF FATHER Gilbert Schermerhorn

14 BIRTHPLACE OF FATHER (City) New York, N. Y.
(State or country)

15 MAIDEN NAME OF MOTHER Elizabeth Newcomb

16 BIRTHPLACE OF MOTHER (City) New York
(State or country)

17 Informant Henry S. Schermerhorn Jr. Relation, if any (Son)
(Address) 352 Washington St. Quincy, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/22/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 22 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 16, 1941, to August 22, 1941.
I last saw him alive on August 22, 1941, death is said to have occurred on the date stated above, at 12:00 a.m.

	Duration
Immediate cause of death: Hemorrhage, cerebral, secondary ✓	1 week
Due to Hypertrophy, prostate	[illegible]
Due to	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis, chronic	1 year

Major findings:
Of operations None performed
Date of
Of autopsy None performed
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Hyman B. Fisher, M. D.
(Address) Fort Banks, Mass. Date Aug. 22 1941

21 Mt. Hope Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 25 1941

22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Son
ADDRESS Boston, Mass

Received and filed AUG 26 1941 19

A TRUE COPY ATTEST: (Registrar)

per Miss Ostat Ft. Banks 8-25-41

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-39. No. 8427-d

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

✓ Per, Dr. Greenfield 9-5-41

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 152

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 480 Winthrop St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male McIlroy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 480 Winthrop St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. ~~Stillborn~~ ✓

8 AGE ..... Years ..... Months ..... Days | If less than 1 day ..... Hours 10 Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER John Joseph McIlroy

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Louise Cordes

16 BIRTHPLACE OF MOTHER (City) Malden
(State or country) Massachusetts

17 Informant James J. McIlroy (Relation, if any ....)
(Address) 480 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cuddeys Jr.
(Signature of Agent of Board of Health or other)

Health Officer 8/25/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 23 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 23, 1941, to August 23, 1941, I last saw h. alive on Aug 23, 1941, death is said to have occurred on the date stated above, at 12.45 P. m.

Immediate cause of death 5 months premature fetus

Due to prematurity

Due to .....

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of .....
Of autopsy —
What test confirmed diagnosis? —

Duration — IMPORTANT

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) Fred Greenfield, M. D.
(Address) 7 Irwin St Date 8-23 1941

21 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop
DATE OF BURIAL August 23 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed AUG 26 1941 19....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 153

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 25 Lincoln Terrace St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice G Greeley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 25 Lincoln Terrace St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ~~None~~ years months days. In this community 30 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John B. Greeley
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive Deceased years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at Home

10 Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) E Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Peter Kennedy

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Ann Mc Gurn

16 BIRTHPLACE OF MOTHER (City) Ireland
(State or country)

17 Informant Joseph Greeley (Relation, if any None)
(Address) 25 Lincoln Terrace

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Alan F. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/26/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 25, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to August 21 1941
I last saw her alive on August 21, 1941, death is said to have occurred on the date stated above, at 7:20 A.m.

Immediate cause of death
Heart failure
Due to Chronic Myocarditis
Due to Generalized Arteriosclerosis

Duration IMPORTANT

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? clinical

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Peter C. Milligan M. D.
(Address) Winthrop Mass. Date 8/25 1941

21 Old Dorchester Boston
Place of Burial, ~~Cremation~~ or ~~Removal~~. (City or Town)
DATE OF BURIAL August 27 1941

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS 17 Bennington St E Boston

Received and filed Aug 26 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

Should be carefully supplied. All blanks should be filled. INSTRUCTIONS: Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

Probate no. filed — SEP 10 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 154

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 141 Bay View Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James E Nolan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 7 Court St St. Woburn (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community yrs. mos. 2 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Margaret Harlens (Give maiden name of wife in full)
(or) WIFE of Harlens (Husband's name in full)

6 Age of husband or wife if alive 57 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Woburn (State or country) Mass

PARENTS

13 NAME OF FATHER James Nolan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Bridget Gaffegan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs Margaret Nolan (Relation, if any) (wife)
(Address) 7 Court St Woburn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm L. Childress Jr.
(Signature of Agent of Board of Health or other)

Health Officer 8/26/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 26 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at 6:30 A.m.

Immediate cause of death: Natural causes — Duration: IMPORTANT
Presumably coronary occlusion — hours
Due to: Chronic myocarditis — 12 yrs
Due to: Generalized arteriosclerosis — years
Other conditions (Include pregnancy within 3 months of death): —

Major findings:
Of operations: —
Date of
Of autopsy: none
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date 8 26 1941

21 Calvary Woburn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Aug 28 1941

22 NAME OF FUNERAL DIRECTOR B C McLaughlin
ADDRESS 540 Pleasant St Woburn

Received and filed AUG 26 1941 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 155

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 45 Marshall St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ferdinand F. Shields
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 45 Marshall St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution C. T. Home years months days. In this community 18 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Jeanette Schaube
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 85 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Tailor

10 Industry or Business: own shop

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Cambridge, Mass

PARENTS

13 NAME OF FATHER Ferdinand Shields

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Mc Carmick

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Thomas J. Shields (Relation, if any son)
(Address) 36 Connell St Lynn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Childress
(Signature of Agent of Board of Health or other)
Health Officer 8/27/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 26 (Day), 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Had been saved for syph. heart, 19, to 19, I last saw him alive on for angina 19, death is said to have occurred on the date stated above at 9:45 P.M.

Immediate cause of death — Duration
IMPORTANT
Presumably coronary occlusion — hours
Due to Chronic myocarditis — 10 yrs
Due to Generalized arterio-sclerosis
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass. Date 8/27, 1941

21 New Calvary Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 29 1941

22 NAME OF FUNERAL DIRECTOR Bernard Kelleher
ADDRESS 310 Bowdoin St Dor.

Received and filed August 27 1941
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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1 R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 156

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. Hin Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: ~~John Garrett~~ (John M. Garrett) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Wilshire St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years 2 months 13 days. In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of unable to obtain (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 88 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Laborer (retired)
10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) St. John (State or country) New Brunswick

PARENTS

13 NAME OF FATHER: Samuel Garrett
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Mary McJunkin
16 BIRTHPLACE OF MOTHER (City) (State or country): Unable to obtain

17 Informant: Fred Gillespie (Relation, if any: nephew)
(Address) 16 Wilshire St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress D.
(Signature of Agent of Board of Health or other)
Health Officer 8/29/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Aug (Month) 27 (Day) 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Pulmonary infarction, bronchopneumonia & abscess formation
infarct

20 Accident, ~~suicide or homicide (specify)~~
Date of occurrence June 14 19 41
Where did Injury occur? Winthrop, Mass. (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? Street (Specify type of place)
Manner of Injury: Struck by auto
Nature of Injury: fracture - rt leg & thrombosis
While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Walker M. D.
(Address) Date Aug 27 19 41

22 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL August 30, 1941 19

23 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

25m-2-'40-D-729-b

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 157

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: George Frederick Bowers (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 279 Shirley St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution (Before death) Hospital (Specify whether) years X months 6 days. In this community 22 yrs. X mos. X days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Jennie Campbell Butler (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — 70 — years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years X Months 18 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Retail Grocery

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Thomaston Maine

PARENTS

13 NAME OF FATHER: George W. Bowers

14 BIRTHPLACE OF FATHER (City) (State or country): Thomaston Maine

15 MAIDEN NAME OF MOTHER: Ellen Mank

16 BIRTHPLACE OF MOTHER (City) (State or country): unable to obtain " " "

17 Informant: Mrs. Geo. F. Bowers (Relation if any wife) (Address) 279 Shirley St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Maud D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/2/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: August (Month) 30 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 28, 1941, to August 30, 1941

I last saw h. alive on August 30 1941, death is said to have occurred on the date stated above, at 4.30 P.M.

Immediate cause of death	Duration
Acute Intestinal obstruction	24 hr
Due to Volvulus	24 hr
Due to Volvulus	
Other conditions (Include pregnancy within 3 months of death) Bronchial Pneumonia	36 hr

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations Volvulus Date of August 31/41

Of autopsy —

What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? N

If so, specify

(Signed) Edward J. Harrigan, M. D.

(Address) 200 Washington St. Date Sept 1, 1941

21 Place of Burial, Cremation or Removal. So. Thomaston Me (City or Town)

DATE OF BURIAL Sept 3-41 So Thomaston Me 194

22 NAME OF FUNERAL DIRECTOR Chas R Benner

ADDRESS Warren Maine

Received and filed 19

(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 158

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 16 Wheelock St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Hilda Svenson Thompson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Wheelock St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community 15 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Theodore Thompson (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 11 Months 9 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Sweden

PARENTS

13 NAME OF FATHER ? Svenson

14 BIRTHPLACE OF FATHER (City) (State or country): Sweden

15 MAIDEN NAME OF MOTHER ? Stang

16 BIRTHPLACE OF MOTHER (City) (State or country): Sweden

17 Informant: Mrs. Elsie Chapman (Address) 16 Wheelock St. Relation, if any: (Dau.)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 9/2/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: August (Month) 31 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Aug 14, 1941 to Aug 31, 1941

I last saw her alive on Aug 30, 1941, death is said to have occurred on the date stated above, at 6:45 a.m.

Immediate cause of death: Hypostatic pneumonia — Duration: Aug 24, 1941

Due to: Cerebral Hemorrhage — July 31, 1941

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: None — Date of:
Of autopsy: None
What test confirmed diagnosis? Clinical

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Bradley G. Dickinson, M. D.
(Address) Winthrop, Mass. Date Aug 31, 1941

21 Woodlawn, Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 2, 1941

22 NAME OF FUNERAL DIRECTOR Frank W. Brown
ADDRESS 11 Pembroke St, Medford

Received and filed 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 159

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Steinman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Congress Ave St. Chelsea Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: m

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop Mass.

PARENTS

13 NAME OF FATHER Abraham Steinman

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Mollie Goldstein

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant (Address) Relation, if any ( )

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 27, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.

	Duration
Immediate cause of death: Stillborn	
Due to Prematurity (6 months)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify
(Signed) Maurice J. Lean, M. D.
(Address) 31 Crown St. Date 19

21 Sent to Butts Cas. Co. Boston for research purposes
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR Benjamin Atkins Sons
ADDRESS father & proper authorities

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

Per W. Bern

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION

#21 — Sent to Tufts Medical School
[illegible]
obtained from other [illegible]
[illegible]

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON 160
(City or town making return)

Registered No. 6977

1 PLACE OF DEATH
(County) SUFFOLK
(City or Town) BOSTON
No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary DiVita
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 287 Main St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Vincenzo DiVita
(Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 44 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business: dressmaker

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER: Giuseppe Lamposana

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Anna DiVita

16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant husband (Relation, if any)
(Address)

A TRUE COPY Francis J. Fay
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED 8/8/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 4 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 8/4/41, 19, to 8/4/41, 19
I last saw her alive on 8/4/41, 19, death is said to have occurred on the date stated above, at 11/46 A.m.

	Duration
Immediate cause of death: cerebral hemorrhage	17 hrs
Due to vascular nephritis	(
Due to hypertensive heart dis	(5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Stewart Hamilton, M. D.
(Address) Boston Date 8/4/ 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or Town)
DATE OF BURIAL Aug 7 1941 19

22 NAME OF FUNERAL DIRECTOR A Sementa
ADDRESS Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39, No. 8427-f

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Littleton
(City or town making return)

Registered No. 161

1 PLACE OF DEATH
Middlesex (County)
Littleton (City or Town)
No. Groton Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Wallace E. Wyman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Triton Ave. St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. 2 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced
HUSBAND of Salina Belcher
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 8 Months 24 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Fisherman

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) East Boston Mass.
(State or country)

PARENTS

13 NAME OF FATHER: Jerome B. Wyman

14 BIRTHPLACE OF FATHER (City) Boston, Mass.
(State or country)

15 MAIDEN NAME OF MOTHER: Eliza Jane Marsh

16 BIRTHPLACE OF MOTHER (City) Newburyport
(State or country) Mass.

17 Informant (Address) Mrs James Street (Daughter) Relation if any
Groton Road Littleton, Mass.

A TRUE COPY
ATTEST: Wm Channing Brown
(Registrar of city or town where death occurred)

DATE FILED August 6, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 5 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 27, 1941, to August 5, 1941
I last saw him alive on August 5, 1941, death is said to have occurred on the date stated above, at 7.45 p.m.

	Duration
Immediate cause of death: Myocarditis	1 yr.
Due to: Multiple carcinomata	3 yrs.
Due to:	

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? Clinical Signs

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) James D. Christie M. D.
(Address) Littleton Mass. Date Aug. 5, 1941

PHYSICIAN
Underline the cause to which death should be charged statistically.

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. (Cemetery) Winthrop (City or Town)

DATE OF BURIAL Aug. 7 1941

22 NAME OF FUNERAL DIRECTOR Horace E. Wile
ADDRESS 101 Merrimack St. Lowell, Mass.

Received and filed Aug. 6 1941
Wm Channing Brown
(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

SEP 1 3 1971

Suffolk

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston 162 (City or town making return)

Registered No. 7243

1 PLACE OF DEATH (County) Boston (City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Vazquez (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Jefferson St. Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Ella M Laws (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 9 Months 6 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: laborer (retired)

10 Industry or Business: Glue Co

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Jose Vazquez

14 BIRTHPLACE OF FATHER (City) (State or country) Cuba

15 MAIDEN NAME OF MOTHER Elizabeth Lang

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant (Address) wife Relation, if any ( )

A TRUE COPY.
ATTEST: Francis J Gay
(Registrar of city or town where death occurred)

DATE FILED 8/20/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 17 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/16/41, 19, to 8/17/41, 19, I last saw him alive on 8/17/41, 19, death is said to have occurred on the date stated above, at 12/35P m.

	Duration
Immediate cause of death anemia	3 wks
Due to gastro intestinal hemmorhage	
Due to carcinoma of stomach	4-8 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W T S Thorndike, M. D.
(Address) Boston Date 8/18/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass (Cemetery) (City or Town)
DATE OF BURIAL Aug 20 1941 19

22 NAME OF FUNERAL DIRECTOR H S Reynolds
ADDRESS Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

163 (City or town making return)

Registered No. 7484

1 PLACE OF DEATH: Suffolk (County) — Boston (City or Town)

No. Mass General Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Patrick O Carroll (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 497a Shirley St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Josephine LeClair (Give maiden name of wife in full) (or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: salesman

10 Industry or Business: advt

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: Joseph Carroll

14 BIRTHPLACE OF FATHER (City) (State or country): Boston

15 MAIDEN NAME OF MOTHER: --

16 BIRTHPLACE OF MOTHER (City) (State or country): --

17 Informant: Robt Carroll (Relation, if any: son) (Address) .....

A TRUE COPY. Francis J. Fay

ATTEST: ..... (Registrar of city or town where death occurred)

DATE FILED 9/2/41 19....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Aug 28 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/1/41, 19...., to 8/28/41, 19.... I last saw him alive on Aug ..., 19 41, death is said to have occurred on the date stated above, at 1/18A m.

Immediate cause of death	Duration
resolving broncho pneumonia	7 wk
Due to and septicemia	7 wks
Due to	

Other conditions: arteriosclerosis (Include pregnancy within 3 months of death) Pagets disease

Major findings:
Of operations .....
Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S Hamilton, M. D.
(Address) Boston Date 8/28/19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or Town)

DATE OF BURIAL: Aug 30 1941 19....

22 NAME OF FUNERAL DIRECTOR: M Kirby
ADDRESS: Winthrop

Received and filed ..... 19....

(Registrar of City or Town where deceased resided)

RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

BOSTON NOTIFIED

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 164

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F. Haley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 65 St. Andrew Road St. East Boston (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years X months 4½ days. In this community yrs. mos. 4 days.

(per Dr. Abrams)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Susan G. McGovern (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Electrical Engineer

10 Industry or Business: Dept. of School Building

11 Social Security No. None

12 BIRTHPLACE (City) Boston (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Jeremiah Haley

14 BIRTHPLACE OF FATHER (City) Bangor (State or country) Maine

15 MAIDEN NAME OF MOTHER Mary A. Harney

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Massachusetts

17 Informant Mrs. Susan G. Haley Relation, if any (Wife)
(Address) 65 St. Andrew Rd., East Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress D.
(Signature of Agent of Board of Health or other)

Health Officer 9/4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 2 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 17, 1941, to September 2, 1941.

I last saw him alive on Sept. 2, 1941, death is said to have occurred on the date stated above, at 9:15 a.m.

	Duration
Immediate cause of death Pyelo-nephritis	1 mo
Due to Uremia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Date of
Of autopsy
What test confirmed diagnosis? Clinical lab

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jacob Abrams M. D.
(Address) 562 Shirley St. Dorch. Date Sept 2 1941

21 Holyhood Cemetery, Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 5, 1941 19

22 NAME OF FUNERAL DIRECTOR P. C. Murray
ADDRESS 54 Roxbury Street, Rox.

Received and filed Sep 8 1941 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 165

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 19 Buckthorne Terrace St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME John Stahl Royal
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 19 Buckthorne Terrace St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. (Before death) (Specify whether) In this community 25 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Katherine Mildred Hatch (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years X Months 1 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Insurance manager

10 Industry or Business: Gilmore, Rother Co.

11 Social Security No. 012-05-5586

12 BIRTHPLACE (City) Bath (State or country) Maine

PARENTS

13 NAME OF FATHER Roscoe Royal

14 BIRTHPLACE OF FATHER (City) Bath (State or country) Maine

15 MAIDEN NAME OF MOTHER Mary Montaire

16 BIRTHPLACE OF MOTHER (City) Bath (State or country) Maine

17 Informant Mrs. John S. Royal (Relation, if any Wife)
(Address) 19 Buckthorne Terrace Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chalderis Jr.
(Signature of Agent of Board of Health or other)
Health Officer 9/4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 2 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19—, to ....., 19....
I last saw h— alive on ....., 19....., death is said to have occurred on the date stated above, at 10:10 A.m.

Duration

Immediate cause of death
Natural causes
Sudden heart failure
Due to Coronary artery disease 5 yrs.

IMPORTANT

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no.
If so, specify .....
(Signed) [illegible], M. D.
(Address) [illegible] Date 9/3 1941

21 Riverview Cemetery Saugus Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 4, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed [illegible] 1941
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith counter-sign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114. Sec. 45. G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46. G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 166

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 21 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Alfred Puorro
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 21 Woodside Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ... years months days. In this community 10 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of —
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 15 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: None Disabled

10 Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) (State or country): E. Boston Mass.

PARENTS

13 NAME OF FATHER: Antonio Puorro

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Madeline Ruggero

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass.

17 Informant: Antonio Puorro (Relation, if any: Father)
(Address) 21 Woodside Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Culkeen
(Signature of Agent of Board of Health or other)

Health Officer 9/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept. (Month) 5 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 5, 1941, to Sept 5, 1941, I last saw him alive on Sept 5, 1941, death is said to have occurred on the date stated above, at 6 P. m.

	Duration
Immediate cause of death: Brain Tumor	IMPORTANT 8 years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Brain Tumor - Dx Children's Hospital Date of 1937
Of autopsy: —
What test confirmed diagnosis? Pathological

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles J. Cataldo, M. D.
(Address) 42 Byron St. E.B. Date 9-6 1941

21 Holy Cross Cem. Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept. 8 1941

22 NAME OF FUNERAL DIRECTOR: Gannini & Gennetta
ADDRESS 215 North St. Boston

Received and filed SEP 8 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 167

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Ocean near Great Head St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Michael McLaughlin (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 132 Locust St Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 10 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 10 Years 3 Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Student
10 Industry or Business: School

11 Social Security No.

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER James McLaughlin
14 BIRTHPLACE OF FATHER (City) Newton (State or country) Mass
15 MAIDEN NAME OF MOTHER Catherine O'Gara
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant: Catherine McLaughlin (Relation, if any) mother
(Address) 132 Locust St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Sept. 20/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 7 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Drowning

20 Accident, suicide or homicide (specify) accidental
Date of occurrence Sept. 7 — 1941
Where did Injury occur? Winthrop (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? ocean (Specify type of place)
Manner of Injury Home made boat upset
Nature of Injury
While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John J. Buckley, M. D.
(Address) Boston Date Sept. 20 — 1941

22 Winthrop Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Sept 21 1941

23 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed Sep 24 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom be has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of whicb he died, defined as required hy section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall hury or otherwise dispose of a buman body in a town, or remove tberefrom a human body which has not heen buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human hody and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of bealth or its agent aforesaid or from the clerk of the town where the hody is buried. No such permit shall be issued until there shall have been delivered to sucb hoard, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of tbe attending physician, if any, as required hy law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for tbe purpose, or is insufficient, a physician who is a member of the hoard of health, or employed hy it or hy the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human hody, not previously interred, from one town to another within the commonwealtb cannot he obtained early enough for the purpose, the certificate of death made as ahove provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from whicb it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body bas been sooner obtained hereunder. If the deatb certificate contains a recital, as required hy section ten of cbapter forty-six, that the deceased served in the army, navy or marine corps of tbe United States in any war in which it has heen engaged, such recital sball appear upon the permit. Tbe board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. Tbe person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any otber necessary information which can he ohtained as to the deceased, or as to the manner or cause of the death, whicb the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall hury a human body or the ashes thereof wblch have been hrought into the commonwealtb until he bas received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to he held, or from a person appointed to have the care of the cemetery or hurial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otberwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for tbe observance of the following rules of practice:

(1) **Attending physicians** will certify to sucb deatbs only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disahled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly hy traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a deatb will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas hacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull witb associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have heen due to *disease*, specify: (1) Under *cause* its known or presumahle nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumahly coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 168

PLACE OF DEATH

1 Suffolk (County)
Winthrop (City or Town)
No. Ocean near great Head Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Teresa Mary McLaughlin (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 132 Court St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 8 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 8 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Student
10 Industry or Business: School

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Winthrop Mass

PARENTS

13 NAME OF FATHER: James McLaughlin
14 BIRTHPLACE OF FATHER (City) (State or country): Newton Mass
15 MAIDEN NAME OF MOTHER: Catherine O'Gara.
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland.

17 Informant: Catherine McLaughlin (Relation, if any: Mother)
(Address) 132 Court St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

H. O. (Official Designation) Sept. 19—1941 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 7 (Day) —1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
1. Drowning

20 Accident, suicide or homicide (specify) accidental
Date of occurrence Sept 7, 1941 19
Where did Injury occur? Winthrop (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? ocean (Specify type of place)
Manner of Injury Home made boat upset
Nature of Injury
While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) Boston Date 9/19 1941

22 Place of Burial, Cremation or Removal Winthrop (City or Town)
DATE OF BURIAL Sept 21 1941

23 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

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If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 169

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 81 Main St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian Elizabeth Amelia Fahlander
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 81 Main St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. (Before death) (Specify whether) In this community 23 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 57 Years 10 Months 7 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Worcester
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER: August W. Fahlander

14 BIRTHPLACE OF FATHER (City) Stockholm
(State or country) Sweden

15 MAIDEN NAME OF MOTHER: Alma Amelia Jasson

16 BIRTHPLACE OF MOTHER (City) Stockholm
(State or country) Sweden

17 Informant Alma A. Fahlander (Relation, if any: Sister)
(Address) 81 Main St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Schuldreis
(Signature of Agent of Board of Health or other)
H. O. Sept. 11/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 9 94
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 30, 1941, to Sept. 9, 1941, I last saw her alive on Sept. 8, 1941, death is said to have occurred on the date stated above, at 12:30 A.m.

Immediate cause of death — Duration
IMPORTANT
Terminal bronchopneumonia 4 days
Due to Renal debility
Due to "Shock" 12 years ago
Other conditions Carcinoma of breast 18 mo.
(Include pregnancy within 3 months of death)

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

Major findings:
Of operations see reverse side
Date of
Of autopsy none
What test confirmed diagnosis? clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur [illegible], M. D.
(Address) Winthrop Mass Date 9 [illegible] 1941

21 Swedish Cemetery Worcester Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL September 12, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed SEP 15 1941
(Registrar)

100m (d)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Should be carefully supplied. FOR CAUSE OF DEATH: PHYSICIANS SHOULD USE CARE. If pain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies, and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION History obtained from family:
Patient has been in poor health for 18 years ago; a "tumor" was found. Lately, 2 years since she had a "shock" and has been an invalid since confined to bed for 2 months. She has been in Harvard Hospital for 2 years.

M R-301 A

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 170

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 100 Quincy Ave Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Florence Emma Baker
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) no

(a) Residence. No. 100 Quincy Ave Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community yrs. 9 mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 55 Years 3 Months 8 Days | If less than 1 day Hours Minutes

9 Usual Occupation: dancing teacher

10 Industry or Business: herself

11 Social Security No. none

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER: Peter Edgar Baker

14 BIRTHPLACE OF FATHER (City) Dennis
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER: Emma Hay

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Edith P Baker Relation, if any (sister)
(Address) 100 Quincy Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Cheshess
(Signature of Agent of Board of Health or other)
H.O. Sept. 13/41.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1940, to Sept 11, 1941
I last saw her alive on Sept 11, 1941, death is said to have occurred on the date stated above, at 4 00 P.m.

Immediate cause of death: Carcinoma of lungs. — Duration IMPORTANT: 6 mos.

Due to: Carcinoma of rt breast. — 20 mos.

Due to: —

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings: Of operations: Adenocarcinoma of breast axillary glands. Date of 12/20/40
Of autopsy: none
What test confirmed diagnosis?

IMPORTANT — Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) Blanche L. Atwood M. D.
(Address) 29 Powell St, Brookline Date 9/12 1941

21 Forest Hills Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 13 1941

22 NAME OF FUNERAL DIRECTOR R&EF GLEASON CO Edna Gleason
ADDRESS 335 Washington St Dorchester

Received and filed SEP 15 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 171

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 555 Shirley St St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jacob Gilbert Taylor
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 555 Shirley St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Lilly Hekast
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Chauffeur

10 Industry or Business: Trucking

11 Social Security No. None - (Mr. O'Malley) per

12 BIRTHPLACE (City) Cambridge
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER: Silas Taylor
14 BIRTHPLACE OF FATHER (City)
(State or country) Newfoundland
15 MAIDEN NAME OF MOTHER: Catherine Moss
16 BIRTHPLACE OF MOTHER (City)
(State or country) Newfoundland

17 Informant Lilly Taylor (Relation, if any)
(Address) 555 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Chedress
(Signature of Agent of Board of Health or other)
Agent — Sept. 16/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 14 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 15, 1941, to Sept 14, 1941
I last saw him alive on Sept 14, 1941, death is said to have occurred on the date stated above, at 7 P.M.

Immediate cause of death: Carcinoma of Rectum
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of Rectum Date of Feb. 1941
Of autopsy None
What test confirmed diagnosis? Operation & Clinical Signs

Duration
IMPORTANT Acute Chronic

IMPORTANT Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Daniel J. O'Brien M. D.
(Address) Winthrop Mass. Date Sept. 15 1941

21 Place of Burial, Cremation or Removal. Holy Cross Malden Mass (City or Town)
DATE OF BURIAL Sept 17, 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed SEP 22 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114. Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

Charlestown Notified

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 172

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rosemary R Duffy (Rasmusen)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) no

(a) Residence. No. 8 Monument Square St. Charlestown
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) hospital x years x months 7 days. In this community yrs. mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Joseph Duffy (Give maiden name of wife in full) (Husband's name in full) (per hosp.)

6 Age of husband or wife if alive ~~41~~ years 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years - Months - Days | If less than 1 day Hours Minutes

9 Usual Occupation: housework

10 Industry or Business: own home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Augustus Rasmusen

14 BIRTHPLACE OF FATHER (City) (State or country) Boston Mass

15 MAIDEN NAME OF MOTHER Mary Toland

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass

17 Informant (Address) John J. Duffy (Relation, if any) (Husband) 8 Monument Sq Charlestown

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Chiedres
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Sept. 20/41 (Date of issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 19 (Day), 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February, 1941, to Sept. 19, 1941
I last saw her alive on Sept. 19, 1941, death is said to have occurred on the date stated above, at 3 A. m.

	Duration
Immediate cause of death	IMPORTANT
Generalized peritonitis	4 days
Due to Following Caesarian Section	
Due to Full term pregnancy	
Other conditions (Include pregnancy within 3 months of death) Cephalo-pelvic disproportion	

Major findings: Of operations Caesarean Sec. Date of Sept 13, 1941
Of autopsy none
What test confirmed diagnosis? clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Morrison, M. D.
(Address) Winthrop, Mass. Date 9-19 1941

21 Oak Grove Medford
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 22nd 1941

22 NAME OF FUNERAL DIRECTOR Lineen M. Deade
ADDRESS 109 Warren St Chas'n

Received and filed SEP 22 1941 19
(Registrar)

100m (d)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 173

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ali Donato
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 88 Hare St. St. East Boston
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: —

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE — Years — Months — Days | If less than 1 day — Hours — Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Winthrop Mass

PARENTS
13 NAME OF FATHER: Joseph Ali Donato
14 BIRTHPLACE OF FATHER (City) (State or country): Italy
15 MAIDEN NAME OF MOTHER: Mary Tempera
16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant: Joseph Ali Donato (Relation if any: Father)
(Address) 88 Hare St EB

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
Ho. (Official Designation) Sept 22 1941 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept 20, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1941, to Sept 20, 1941
I last saw her alive on Sept 20, 1941, death is said to have occurred on the date stated above, at 8 p.m. (est. resp.)

Immediate cause of death: Stillborn

Due to .....

Due to .....

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations — Date of .....
Of autopsy —
What test confirmed diagnosis? —

Duration IMPORTANT

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) Raquel Santiago, M. D.
(Address) 227 Maverick St Date 9/22 1941

21 Place of Burial, Cremation or Removal: Holy Cross Cem Malden (City or Town)
DATE OF BURIAL Sept 23 1941

22 NAME OF FUNERAL DIRECTOR Frederick J Magrath
ADDRESS East Boston

Received and filed SEP 24 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

Should be carefully supplied. AGE should be stated EXACTLY. INFORMATION ON BACK OF CERTIFICATE. Exact statement of OCCUPATION is very important. See instructions and terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; ...—General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 174

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ali Donato (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR) None

(a) Residence. No. 88 Havre St. St. East Boston, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital (Specify whether) years months 1 days. In this community 35 yrs. mos. 1 days. (Before death)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full) (or) WIFE of Joseph Ali Donato (Husband's name in full)

6 Age of husband or wife if alive 44 years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own Home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Egidio Tempera

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Santa Not Known

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant Joseph Ali Donato (Address) 88 Havre St EB Relation if any Husband

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D Chubbuck (Signature of Agent of Board of Health or other)

H.O. (Official Designation) Sept 22 1941 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 20, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1941, to Sept 20, 1941. I last saw her alive on Sept 20, 1941, death is said to have occurred on the date stated above, at 8 P.M.

Immediate cause of death: Acute Pulmonary Edema — Duration: 9/20/41

Due to .....

Due to .....

Other conditions: Pregnancy (Include pregnancy within 3 months of death)

Major findings: Of operations ..... Date of .....

Of autopsy .....

What test confirmed diagnosis? Clinical

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Pasquale Gestamo, M. D.

(Address) 238 Marginal St. Date 9/22, 1941

21 Place of Burial, Cremation or Removal: Holy Cross E.B. Malden (City or Town)

DATE OF BURIAL Sept 23 1941

22 NAME OF FUNERAL DIRECTOR Frederick J Magnuck

ADDRESS East Boston

Received and filed SEP 24 1941 19..... (Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 175

1 PLACE OF DEATH
Suffolk (County)
Hinchcliffe
Mass (City or Town)
No. 94 Terrace Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Mack
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 94 Terrace Ave. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution none years months days. In this community 15 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Mack
(Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive ~~No~~ years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years 8 Months 19 Days | If less than 1 day Hours Minutes

9 Usual Occupation: None

10 Industry or Business: At Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Edna M. Brooks Relation, if any dau.
(Address) 94 Terrace Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Eldridge
(Signature of Agent of Board of Health or other)
Health Officer Sept. 23/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 9 (Month) 20 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/15, 1941, to 9/20, 1941
I last saw him 9 alive on 9/19, 1941, death is said to have occurred on the date stated above, at 10 AM m.

Immediate cause of death — Duration
Cancer of Stomach — ?
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harry A. Miller, M. D.
(Address) Winthrop Date 9/22 1941

21 Place of Burial, Cremation or Removal Winthrop, Winthrop (City or Town)
DATE OF BURIAL Sept. 23, 1941 19

22 NAME OF FUNERAL DIRECTOR A Shirley
ADDRESS Boston

Received and filed SEP 24 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 176

1 PLACE OF DEATH
(County) SUFFOLK.
(City or Town) Winthrop
No. 48 Plummer Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Matthews
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 48 Plummer Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months days. In this community 2 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph J. Matthews
(Give Maiden Name of Wife in full) (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: At Home

11 Social Security No. —

12 BIRTHPLACE (City) St.Miguel
(State or country) Azores

PARENTS

13 NAME OF FATHER Antonio Marques

14 BIRTHPLACE OF FATHER (City) St. Miguel
(State or country) Azores

15 MAIDEN NAME OF MOTHER Mary A. Ventura

16 BIRTHPLACE OF MOTHER (City) St.Miguel
(State or country) Azores

17 Informant Mrs.Mary Morrison (Daughter) Relation, if any
(Address) 48 Plummer Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William A. Childress
(Signature of Agent of Board of Health or other)
Agent Sept. 22/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September 20, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—
I last saw h— alive on —, 19—, death is said to have occurred on the date stated above, at 12:22 P.m.

Immediate cause of death — Duration IMPORTANT
Congestive heart failure — 2 days
Due to
Chronic valvular heart
Due to disease — years
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Date of —
Of autopsy —
What test confirmed diagnosis? Clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lawrence E. Brown, M. D.
(Address) Winthrop Board of Health Date 9/22/19 47

21 Winthrop - Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept.23,1941 19

22 NAME OF FUNERAL DIRECTOR Joseph A. Costa
ADDRESS Cambridge, Mass.

Received and filed SEP 24 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

SPRINGFIELD
(City or town making return)

Registered No. 177

1 PLACE OF DEATH
HAMPDEN (County)
SPRINGFIELD (City or Town)
No. 1451 Plumtree Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Carrie (Noll) Johnson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 37 Bellevue Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. In this community yrs. 2 mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of Edwin Chester Johnson (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 9 Months 13 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: None

10 Industry or Business: -

11 Social Security No. -

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Henry Noll
14 BIRTHPLACE OF FATHER (City) Allendorf
(State or country) Germany
15 MAIDEN NAME OF MOTHER Not known
16 BIRTHPLACE OF MOTHER (City) .....
(State or country) Germany

17 Informant Mrs W H Howatt (Relation, if any daughter)
(Address) 1451 Plumtree Rd Springfield

A TRUE COPY.
ATTEST: Clifford F. Smith
(Registrar of city or town where death occurred)

DATE FILED Sep 22 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 22 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sprll 18, 1940, to Sept 22, 1941
I last saw her alive on Sept 22, 1941, death is said to have occurred on the date stated above, at 7:40A m.

Immediate cause of death ..... *Duration*
Splenic leukemia — History about 2 years
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? Clinical & Laboratory

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Irving R Calkins 22 M. D.
(Address) 299 Central Date Sept 19 41

PHYSICIAN
Underline the cause to which death should be charged statistically.

21 PLACE OF BURIAL, ~~CREMATION OR REMOVAL~~ Winthrop Winthrop
(Cemetery) Mass (City or Town)
DATE OF BURIAL Sept 24 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R Bennison
ADDRESS 120 Winthrop St Winthrop Mass

Received and filed Oct 8 1941 19
(Registrar of City or Town where deceased resided)

Copies of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 178

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop Mass
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby - Shoemaker
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 184 Webster St. East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years months 2 days. In this community yrs. mos. 2 days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) —

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. ✓

8 AGE Years Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Winthrop Mass
(State or country)

PARENTS
13 NAME OF FATHER William M Shoemaker
14 BIRTHPLACE OF FATHER (City)
(State or country) Louisiana
15 MAIDEN NAME OF MOTHER Clementine Doiguéon
16 BIRTHPLACE OF MOTHER (City)
(State or country) Boston Mass

17 Informant William M Shoemaker Relation, if any (Father)
(Address) 184 Webster St. E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm X Cheadle
(Signature of Agent of Board of Health or other)
H.O. Sept 24 41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 22, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1941, to Sept 22, 1941,
I last saw him alive on Sept 22, 1941, death is said to have occurred on the date stated above, at 7 52 p.m.
Immediate cause of death
Congenital Heart
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration IMPORTANT

Major findings:
Of operations
Date of
Of autopsy Congenital Heart
What test confirmed diagnosis? by autopsy

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Cortanza M. D.
(Address) 238 Maverick St. Date 9/23/1941

21 Mt Auburn Cem Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL September 24 1941

22 NAME OF FUNERAL DIRECTOR Nancy DiPietro
ADDRESS 204 Maverick St. E.B.

Received and filed SEP 24 1941 19
(Registrar)

100m-2-40-D-729-a

Information should be carefully supplied. AGE should be stated in years. Exact statement of OCCUPATION CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 179

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 20 Elmwood Avenue St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Clara Louise (Adams) Wiswell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 20 Elmwood Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 17 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Lowell Wiswell
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 7 Months 25 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Joseph M. Adams

14 BIRTHPLACE OF FATHER (City) New London
(State or country) New Hampshire

15 MAIDEN NAME OF MOTHER Abagail A. Weed

16 BIRTHPLACE OF MOTHER (City) East Unity
(State or country) New Hampshire

17 Informant Mrs. Laura A. Mirick Relation, if any Sister
(Address) 20 Elmwood Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Ho. Atty. Sept. 24/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 23 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1941, to Sept 23, 1941
I last saw h. alive on Sept 19, 1941, death is said to have occurred on the date stated above, at 6:15 a.m.

Immediate cause of death — Duration
Cancer of Uterus, and Bladder — Jan. 1941

Due to

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gordon N. Dickinson, M. D.
(Address) Winthrop, Mass Date Sept 23, 1941

21 Place of ~~Burial~~, Cremation ~~or Removal~~ Woodlawn Cemetery Everett (City or Town)
DATE OF BURIAL Sept. 25, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

RUTLAND (City or town making return)

Registered No. 180

1 PLACE OF DEATH: WORCESTER (County); RUTLAND (City or Town); No. Rutland State Sanatorium St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Lubin (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 140 Shirley St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Sanatorium (Specify whether) years 8 months 5 days. In this community yrs. 8 mos. 5 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Betty Belak (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ? 58 years

7 IF STILLBORN, enter that fact here.

8 AGE 58 Years 7 Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Painter

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Henry Lubin

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER Ida Savel

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant State San. Records (Relation, if any)
(Address) Rutland, Mass.

A TRUE COPY.
ATTEST: Frances P. Hanff
(Registrar of city or town where death occurred)
DATE FILED September 29, 1941 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 29, (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 24, 19 41, to September 29, 19 41.
I last saw him alive on Sept. 29, 19 41, death is said to have occurred on the date stated above, at 5:50 A.M. m.

Immediate cause of death	Duration
Pulmonary tuberculosis	about 43 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations ..... Date of .....
Of autopsy ..... What test confirmed diagnosis? Microscopical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify Unknown

(Signed) Heinz J. Lorge, M. D.
(Address) Rutland State San Date 9/29 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Workmen's Circle, Melrose (Cemetery) (City or Town)
DATE OF BURIAL September 30, 1941 19

22 NAME OF FUNERAL DIRECTOR Manuel Stenetsky
ADDRESS 10 Washington St. Dorchester

Received and filed OCT 6 1941 19
(Registrar of City or Town where deceased resided)

50m (e)-1-41-4667

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-39. No. 8427-g

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return) 181

Registered No. 7601

1 PLACE OF DEATH

(County)

Boston
(City or Town)

No. Boston Harbor near City Point St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas M Doherty (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 5 Irwin Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years 10 Months 6 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: contact man

10 Industry or Business: Boston Edison Light Co

11 Social Security No. 026-01-1267

12 BIRTHPLACE (City) (State or country) White River Jct Vt

PARENTS

13 NAME OF FATHER John Doherty

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary McMahon

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant John P Doherty (Address) Arlington Relation, if any (bro)

A TRUE COPY.

ATTEST: Francis J Gray
(Registrar of city or town where death occurred)

DATE FILED 9/5/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH about Sept 1 (Month) (Day) 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
drowning

~~presumably suicidal~~

20 Accident, suicide, or homicide (specify)

Date of occurrence about Sept 1 19

Where did Injury occur? ? Boston Harbor
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? harbor
(Specify type of place)

Manner of Injury as above

Nature of Injury "

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Brickley M. D.

(Address) Boston Date 9/2/41

22 Place of Burial, Cremation or Removal. St Joseph's (City or Town) Boston

DATE OF BURIAL Sept 4 1941 19

23 NAME OF FUNERAL DIRECTOR F T Prescott

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. ~~513~~ 182

1 PLACE OF DEATH: Suffolk (County); Chelsea (City or Town)

No. Soldiers' Home in Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William E. Ricker (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 891 Shirley St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) Hospital (Specify whether) years months 2 days 1 In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ethel Pinkham (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 67 Years 11 Months 28 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Engineer

10 Industry or Business: Fire Department

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Cambridge, Mass.

PARENTS

13 NAME OF FATHER John E. Ricker

14 BIRTHPLACE OF FATHER (City) (State or country) Manchester, N.H.

15 MAIDEN NAME OF MOTHER Helen A. Hall

16 BIRTHPLACE OF MOTHER (City) (State or country) Groton, N.H.

17 Informant (Address) Hospital records (Relation, if any)

A TRUE COPY. ATTEST: Joseph A. Tyrrell (Registrar of city or town where death occurred)

DATE FILED Sept. 2, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 2, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 1, 1941 to Sept. 2, 1941 I last saw him alive on Sept. 2, 1941 death is said to have occurred on the date stated above, at 4:50 P.M.

Immediate cause of death: Carcinoma of the colon — Duration: 7 mos.

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): Chronic colitis — 2-3 yrs.

Major findings: Of operations: Date of:

Of autopsy:

What test confirmed diagnosis? clinical & X-Ray

Underline the cause to which death should be charged statistically. Physician

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Isadore Kaplan, M. D.

(Address) Soldiers' Home Date 9/2 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem., Winthr (Cemetery) (City or Town)

DATE OF BURIAL Sept. 5, 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds

ADDRESS 180 Winthrop St., Winthrop

Received and filed Sept 1 1941

(Registrar of City or Town where deceased resided)

resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

R-302

Suffolk (County)

Boston (City or Town)

PLACE OF DEATH 1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return) 183

Registered No. 7647

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J Kelley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 304 River St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Louise Gulensso
(Give maiden name of wife in full)
(or) WIFE of .....
(Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: retired-beef salesman

10 Industry or Business: wholesale meat

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER: Michael Kelley

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Catherine Riley

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): wife Relation, if any ( )

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 9/8/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 3 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/17/41, 19..., to 9/3/41, 19...
I last saw him alive on 9/3/41, 19..., death is said to have occurred on the date stated above, at 6/50A m.

	Duration
Immediate cause of death: myocardial infarction	30yrs
Due to nephrolithiasis	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J Lacey, M. D.
(Address) Boston Date 9/3/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Mass
(Cemetery) (City or Town)
DATE OF BURIAL Sept 6 1941 19

22 NAME OF FUNERAL DIRECTOR M A Curtis
ADDRESS Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 7652 384

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. Peter Bent Brigham Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura C Larson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 29 Plumber Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 41 Years 4 Months 17 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: clerk

10 Industry or Business: Town Clerk's office Winthrop

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Malden Mass

PARENTS

13 NAME OF FATHER: Carl E Larson

14 BIRTHPLACE OF FATHER (City) (State or country): Sweden

15 MAIDEN NAME OF MOTHER: Betty Peterson

16 BIRTHPLACE OF MOTHER (City) (State or country): Sweden

17 Informant (Address): father Relation, if any ( )

A TRUE COPY.
ATTEST: Florence E Fiske
(Registrar of city or town where death occurred)

DATE FILED 9/8/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept 3 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/27/41, 19, to 9/3/41, 19.
I last saw h. e.p. alive on 9/3/41, 19, death is said to have occurred on the date stated above, at 6 P m.

	Duration
Immediate cause of death broncho pneumonia	dys.
~~Due to~~ rheumatic heart disease	yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Date of .....
Of autopsy as above
What test confirmed diagnosis? autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H Benjamin, M. D.
(Address) Boston Date 9/4/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Mass (Cemetery) (City or Town)
DATE OF BURIAL Sept 6 1941 19

22 NAME OF FUNERAL DIRECTOR: R H White
ADDRESS: Winthrop

Received and filed 19
(Registrar of City or Town where deceased resided)

Copies of records of deaths which occurred in your City or town in case the deceased resided in another City or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Chelsea
(City or town making return)

Registered No. 185 538

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Soldiers' Home Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Richard R. Flynn (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 19 Dix St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years 1 months 4 days In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, divorced HUSBAND of Catherine Cornell (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 43 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 8 Months 11 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Commissioner

10 Industry or Business: State Aid & Pensions Dept.

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Fermoy, Ireland

PARENTS
13 NAME OF FATHER Patrick Flynn
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Elizabeth Roche
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Hospital Records (Relation, if any)
(Address)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED Sept. 18, 19 41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 16, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from Aug. 12, 41 to Sept. 16, 19 41 4
I last saw h alive on Sept. 16, 41, 19, death is said to have occurred on the date stated above, at 2.30 A.M.

Immediate cause of death Uremia — Duration 5 days
Due to Arterio-sclerotic kidney disease — ? mos.
Due to Generalized arterio-sclerosis — yrs.
Other conditions (Include pregnancy within 3 months of death) Bronchopneumonia — 12 hrs
Major findings: Of operation Carcinoma of prostate with metastasis — 7 mos.
Date of 9/5/41
Of autopsy None
What test confirmed diagnosis? Pathological biopsy

Physician Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Isadore Kaplan, M. D.
(Address) Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Winthrop, Mass.
(Cemetery) (City or Town)
DATE OF BURIAL Sept. 18, 19

22 NAME OF FUNERAL DIRECTOR Charles B. Watson
ADDRESS 11 Magazine St. Chelsea

Received and filed SEP 1 1 1941 19
(Registrar of City or Town where deceased resided)

Issued in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (c)-1-41-4667

R-302

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

Suffolk (County)

1 PLACE OF DEATH: Boston (City or Town)

No. Haynes Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON (City or town making return) 187

Registered No. 8167

2 FULL NAME Gloria J Winter (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 6 Central St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years 7 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER: Arthur H Winter

14 BIRTHPLACE OF FATHER (City) (State or country): Beachmont Mass

15 MAIDEN NAME OF MOTHER: Hope Thibodeau

16 BIRTHPLACE OF MOTHER (City) (State or country): Caribou Me

17 Informant (Address): mother Relation, if any ( )

A TRUE COPY ATTEST: Francis J Gray (Registrar of city or town where death occurred)

DATE FILED 9/30/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept 25 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 9/13/41, 19, to 9/25/41, 19. I last saw h..er alive on 9/25/41, 19, death is said to have occurred on the date stated above, at 7/14P m.

	Duration
Immediate cause of death: pneumococcal meningitis type 8	9/19/41
Due to broncho pneumonia	9/13/41
? septicemia	9/19/41
Due to pertussis	9/2/41
Other conditions (Include pregnancy within 3 months of death): serum reaction	9/25/41

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E C Smith, M. D.
(Address) Boston Date 9/26/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or Town)

DATE OF BURIAL Sept 27 1941 19

22 NAME OF FUNERAL DIRECTOR: M Kirby
ADDRESS: Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 188

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 105 Cottage Pk. Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Winchester (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 105 Cottage Pk. Rd. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of Muriel Baker (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 61 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years 10 Months 4 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Chauffeur (Retired)

10 Industry or Business: Transportation Co.

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Peabody, Mass.

PARENTS

13 NAME OF FATHER Perez Winchester

14 BIRTHPLACE OF FATHER (City) (State or country) Peabody, Mass.

15 MAIDEN NAME OF MOTHER Martha Lamson

16 BIRTHPLACE OF MOTHER (City) (State or country) Peabody, Mass.

17 Informant W. Ray Burke Relation, if any Son-in-law
(Address) 9 Winthrop Rd. Arlington

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)

Health Officer 10/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 2 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Sept. 17, 1941, to Oct. 2, 1941.

I last saw h. alive on Sept. 2, 1941, death is said to have occurred on the date stated above at 4:05 P. m.

Immediate cause of death mycardial insufficiency — Duration IMPORTANT 24-5 years

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations ..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H. B. Greenfield, M. D.
(Address) 7 Lincoln St. Winthrop Date Oct 3 1941

21 Place of Burial, Cremation or Removal: Pine Grove, Lynn, Mass. (City or Town)
DATE OF BURIAL Oct 6, 1941

22 NAME OF FUNERAL DIRECTOR Edward J. Coffey & Sons
ADDRESS Medford, Mass.

Received and filed ..... 19..... (Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 189

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: ~~Baby Boy~~ Meinhardt (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 75 Walden ~~Winthrop~~ St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital 5 minutes (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE — Years — Months — Days | If less than 1 day — Hours 5 Minutes

9 Usual Occupation: none

10 Industry or Business: none

11 Social Security No. none

12 BIRTHPLACE (City) Winthrop (State or country) Maine

PARENTS

13 NAME OF FATHER: George Meinhardt

14 BIRTHPLACE OF FATHER (City) Boston Mass (State or country)

15 MAIDEN NAME OF MOTHER: Isabella White

16 BIRTHPLACE OF MOTHER (City) East Boston (State or country) Mass

17 Informant (Address) Geo Meinhardt (Relation, if any) (Father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Cluddy (Agent of Board of Health or other)

Health Office 10/14/41 ~~10:30~~ (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) ~~9~~ 9 (Day) - 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Oct 9, 1941, to Oct 9, 1941, I last saw h. alive on Oct 9, 1941, death is said to have occurred on the date stated above at 8:47 A m.

Immediate cause of death Fracture of Impacted Mucous & or Intracranial Injury — Duration: Oct 9 1941

Due to Long difficult labor — Duration: Oct 9 1941

Due to Posterior position of occiput — Duration: Oct 9 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations none Date of —
Of autopsy none —
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John J. Collins M. D.

(Address) Revere Mass Date Oct 9 1941

21 Place of Burial, Cremation or Removal: Woodland Cemetery (City or Town) Everett

DATE OF BURIAL Oct 11 - 1941

22 NAME OF FUNERAL DIRECTOR Leo M. Norton (Dooley Funeral Service)

ADDRESS Main St Malden

Received and filed 19

(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 190

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 62 Main St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Ellen (Bleakley) Graham
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 62 Main St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 31 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John William Graham
(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 8 Months 1 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Killcorrah
(State or country) Ireland

PARENTS

13 NAME OF FATHER Robert Bleakley

14 BIRTHPLACE OF FATHER (City) Ireland
(State or country)

15 MAIDEN NAME OF MOTHER Esther Copeland

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Henrietta Graham (Relation, if any daughter)
(Address) 62 Main St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 10/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 15 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 16, 1935 to October 15, 1941, that I last saw her alive on October 15, 1941, death is said to have occurred on the date stated above, at 11:30 a.m.

	Duration
Immediate cause of death Cerebral Hemorrhage	10/1/41
Due to Arteriosclerosis	6 yrs
Due to Senility	2 yrs
Other conditions none (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Date of	
Of autopsy none	
What test confirmed diagnosis? Clinical & lab.	

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Ehrlich M.D., M. D.
(Address) 562 Shirley St Date 10/17/1941

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 18, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

100m (d)-1-41-4667

Formal, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 191

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 125 Cliff Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose Flather Koffsee (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Cliff Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. In this community 25 yrs. — mos. — days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of James S. Koffsee
(Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 1 Months 29 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: (Retired)

11 Social Security No.

12 BIRTHPLACE (City) London (State or country) England

PARENTS

13 NAME OF FATHER: Osborn T Flather

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Emma Bailey (Emma Oakley)

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant: Louise Paul (Relation, if any: Daughter)
(Address) 125 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Shelsey
(Signature of Agent of Board of Health or other)

Health Officer 10/17/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 15 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 1, 1941, to October 15, 1941
I last saw h. alive on Oct. 15, 1941, death is said to have occurred on the date stated above, at 8 a.m.

Immediate cause of death: Carcinoma of Liver — Duration IMPORTANT 1940

Due to

Due to

Other conditions: Anemia - Schronic — 1935
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? Swelling - Enlargement of Liver

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Henry L. Plummer M. D.
(Address) 726 Saratoga St. Date Oct 16 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 17 1941 19

22 NAME OF FUNERAL DIRECTOR Richard M. O'White
ADDRESS 147 Winthrop St Winthrop

Received and filed 19
(Registrar)

(per Mr Hilt)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 192

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. ~~36 Prospect Ave.~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)
Winthrop Community Hos.

2 FULL NAME Elizabeth L. Moran (Hewitt)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT
(Was deceased a U. S. War Veteran, If so specify WAR) No

(a) Residence. No. 36 Prospect Ave St. —
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hos. — years — months 7 days. In this community 20 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Hugh C. J. Moran
(Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here. —

8 AGE 52 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Chelsea. Mass.

PARENTS

13 NAME OF FATHER John A. Hewitt

14 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass.

15 MAIDEN NAME OF MOTHER Mary A Brown

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia Canada

17 Informant Hugh Moran Relation, if any Husband
(Address) 36 Prospect Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Aldress
(Signature of Agent of Board of Health or other)
Health Officer 10/16/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 15 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 10, 1941, to October 15, 1941.
I last saw her alive on October 15, 1941, death is said to have occurred on the date stated above, at 11:30 P.M.

Immediate cause of death Subacute Bacterial Subacute Endocarditis — Duration July 1941

Due to Rheumatic Heart Disease

Due to Rheumatic — 1938

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None Date of

Of autopsy None

What test confirmed diagnosis? Clinical & Lab

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Chayes M.D.
(Address) 662 Shurtleff St. Date 10/16/41

21 Place of Burial, Cremation or Removal. Winthrop Cem. Winthrop (City or Town)
DATE OF BURIAL Oct. 18 1941

22 NAME OF FUNERAL DIRECTOR Richard C. Duffy
ADDRESS Boston Mass.

Received and filed 19
(Registrar)

100m (d)-1-41-4667

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a atandard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined aa required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer aud the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death aa required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, aerved in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen huudred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-aix, that the deceased aerved in the army, navy or marine corpa of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or aa to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person ahall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these lawa calla for the observance of the following rulea of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deatha supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 193

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 571 Shirley St. St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Mary Theresa Harrington
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN – IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 571 Shirley St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 37 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housekeeper

10 Industry or Business: Private Family

11 Social Security No. —

12 BIRTHPLACE (City) St. Johnsbury
(State or country) Vermont

PARENTS

13 NAME OF FATHER Robert Francis Harrington

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Bridget O'Connor

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Julia F. Harrington (Relation, if any Sister)
(Address) —

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer 10/18/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 17 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1941, to Oct 17, 1941
I last saw her alive on Oct 16, 1941, death is said to have occurred on the date stated above, at 3 9 a m.

Immediate cause of death
Myocarditis
Interstitial
Due to Terminal Bronchopneumonia
Due to

Duration
IMPORTANT
Too months

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Date of —
Of autopsy —
What test confirmed diagnosis? Clinical Signs

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop Date Oct 17 1941

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 19, 1941. 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed OCT 18 1941 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d) 1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 194

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary E. Kiernan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 61 Johnson Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution [illegible] years months 3 days. In this community 25 yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Lawrence J. Kiernan
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 51 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Bookeeper

10 Industry or Business: Wool Scouring

11 Social Security No. 028-03-5391

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER: John Dwyer

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER: Annie McLaughlin

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant: Her Own Record (Relation, if any —)
(Address) (Mary E. Kiernan)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chalmers
(Signature of Agent of Board of Health or other)
Health Officer 10/20/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 18 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Jan 1, 1941, to Oct 18, 1941
I last saw h. alive on Oct 16, 1941 death is said to have occurred on the date stated above, at 5:30 P m.

Immediate cause of death Cholangitis
Cholelithiasis — Duration: 2 days
Due to Cholelithiasis — 4 mos
Cholangitis — 4 mos
Due to Cholecystitis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Gall bladder
Cholecystitis Date of 10/16/41
Of autopsy Cholecystitis
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) J. Mahoney, M. D.
(Address) Washington St Date 10/18 1941

21 Place of Burial, Cremation or Removal: Holy Cross (City or Town) Malden
DATE OF BURIAL October 21 1941 19

22 NAME OF FUNERAL DIRECTOR W. J. Cassidy
ADDRESS 160 Harrison Ave, Boston

Received and filed 19
(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 195

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 18 Atlantic St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Hain
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 18 Atlantic St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 15 yrs. 6 mos. 3 days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Grace Hain (Give maiden name of wife in full)
(or) WIFE of Hain (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 71 Years 4 Months 9 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Retired

10 Industry or Business: Watchman

11 Social Security No. 011-12-1131

12 BIRTHPLACE (City) (State or country): Scotland

PARENTS

13 NAME OF FATHER: James Hain

14 BIRTHPLACE OF FATHER (City) (State or country): Scotland

15 MAIDEN NAME OF MOTHER: Helen Gifford

16 BIRTHPLACE OF MOTHER (City) (State or country): Scotland

17 Informant James A. Hain (Address) 18 Atlantic St Winthrop Relation, if any Son

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chuldress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 10/21/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 20, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept — 1941, to Oct. 20, 1941

I last saw him alive on Oct. 19, 1941, death is said to have occurred on the date stated above, at 8 a.m.

Immediate cause of death: Cerebral hemorrhage — Duration: 2 days

Due to atriosclerosis — 1 year

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): none

Major findings: Of operations: ..... Date of

Of autopsy: none

What test confirmed diagnosis? Clinical

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles Malone, M. D.
(Address) 305 Hanover St Boston Date Oct 20 1941

21 Place of Burial, Cremation or Removal: Woodlawn (City or Town) Everett Mass.
DATE OF BURIAL October 23 1941

22 NAME OF FUNERAL DIRECTOR Frank E. Brown
ADDRESS East Boston

Received and filed OCT 23 1941 19..... (Registrar)

100m (d)-1-41-4667

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.— Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 196

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 8 Pleasant (Ward) St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriett Albee Edgard (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 8 Pleasant St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 34 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William F. Edgard (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 1 Months 20 28 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Maine

PARENTS

13 NAME OF FATHER: ? Albee

14 BIRTHPLACE OF FATHER (City) (State or country): Maine

15 MAIDEN NAME OF MOTHER: Not Known

16 BIRTHPLACE OF MOTHER (City) (State or country): Maine

17 Informant: Chester Wood (Relation, if any: Nephew)
(Address) Old Sudbury Rd. Lincoln Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Clubbers
(Signature of Agent of Board of Health or other)

Health Officer 10/23/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Oct. (Month) 21 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1941, to Oct 21, 1941
I last saw h. alive on Oct 20, 1941, death is said to have occurred on the date stated above, at 7.30 A. m.

Immediate cause of death: Carcinoma of Colon — Duration: 2 mos

Due to:

Due to:

Other conditions: none
(Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of —
Of autopsy —
What test confirmed diagnosis? Clinical Signs

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop Date Oct 23 1941

21 So Gardner Maine
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 24 1941 19

22 NAME OF FUNERAL DIRECTOR Richard S. White
ADDRESS 147 Winthrop St Winthrop

Received and filed 19
(Registrar)

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 197

1 PLACE OF DEATH
County: Suffolk
City or Town: Winthrop
No. 95 Court Rd. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia T. S. Barron
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No

(a) Residence. No. 95 Court Rd. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution None years months days. In this community 13 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Married

5a If married, widowed, or divorced
HUSBAND of ____ (Give maiden name of wife in full)
(or) WIFE of Matthew J. Barron (Husband's name in full)

6 Age of husband or wife if alive 73 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years — Months ___ Days | If less than 1 day ___ Hours ___ Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) England

PARENTS
13 NAME OF FATHER Peter Condon
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Honovan
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Matthew J. Barron (Relation, if any) Husband
(Address) 95 Court Rd. Win

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer 10/23/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct (Month) 22 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to Oct 22, 1941
I last saw h. alive on Oct 22, 1941, death is said to have occurred on the date stated above, at 6 P.M.

Immediate cause of death: Myocardiotis — Duration: 1 yr.
Due to: Hypertension and diabetes — 5 yrs.
Due to: diabetes
Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Date of
Of autopsy: —
What test confirmed diagnosis? —

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St. Date Oct 23 1941

21 Place of Burial, Cremation or Removal: Holy Cross Cemetery (City or Town) Malden
DATE OF BURIAL October 25 1941

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS 17 Bennington St. E. Boston

Received and filed OCT 27 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

Should be carefully and may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 198

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 4 Paine St St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Julia A. Callaghan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN – IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 4 Paine St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. (Before death) (Specify whether) In this community 35 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William J. Callaghan
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 87 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. —

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Owen McGillicudy
14 BIRTHPLACE OF FATHER (City) —
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary O'Neara
16 BIRTHPLACE OF MOTHER (City) —
(State or country) Ireland

17 Informant Annie McGillicudy (Relation, if any niece)
(Address) 4 Paine St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Chadwick
(Signature of Agent of Board of Health or other)
Health Officer 10/27/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 10 (Month) 26 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/25, 1941, to 10-26, 1941
I last saw h. alive on 10-26, 1941, death is said to have occurred on the date stated above, at 10 p.m.

Immediate cause of death — Duration — IMPORTANT
Cerebral Hemorrhage — 1 mo
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) Sen. Arteri Sclerosis — 1
IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Date of
Of autopsy —
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) Harry A. Kelly, M. D.
(Address) Winthrop Date 10/27 1941

21 Place of Burial, Cremation or Removal. St. Pauls (City or Town) Arlington
DATE OF BURIAL October 29 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.
100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 199

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 121 Bartlett Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Sidney Edgar Blandford
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 121 Bartlett Road St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 41 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Elizabeth Mary Stanley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 7 Months 26 Days | If less than 1 day Hours Minutes

9 Usual Occupation: President Finance Co. (Retired)

10 Industry or Business:

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Saint Johns Newfoundland

PARENTS

13 NAME OF FATHER: Esau Blandford

14 BIRTHPLACE OF FATHER (City) (State or country): Devonshire England

15 MAIDEN NAME OF MOTHER: Selina Bennett

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant (Address): Dr. Sidney E. Blandford (Relation, if any: Son) 3607 Lytle Rd. Shaker Heights Ohio

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/1/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: 10 (Month) 30 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/25, 1941, to 10/30, 1941, I last saw h. alive on 10/30, 1941, death is said to have occurred on the date stated above, at 5:30 p.m.

Immediate cause of death: Ca. Carcinoma of Lt. Kidney — 8 wks.

Due to: with Metastasis — Duration

Due to: Metastasis

Other conditions (Include pregnancy within 3 months of death): Broncho-Pneumonia — 2 dys.

Major findings: Of operations: Nephrectomy of Lt Kidney Date of 4/24/41

Of autopsy

What test confirmed diagnosis?

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Harry A. Kelly, M. D.
(Address) Date 11/1 1941

21 Place of Burial, Cremation or Removal: Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL Nov. 1, 1941 19

22 NAME OF FUNERAL DIRECTOR: Charles R. Bennison
ADDRESS: Winthrop Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served fn the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resultfng septicemia), and by the actfon of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 200

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 17 Girdlestone Road St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas J. Downs (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 17 Girdlestone Road St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community 20 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Ellen Leary (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years — Months — Days; If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: City Of Boston

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Newfoundland

PARENTS

13 NAME OF FATHER: Patrick Downs

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Mae Downs (Relation, if any: daughter)
(Address) 17 Girdlestone Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) Nov. 2/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. (Month) 31 (Day), 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from Sept 1, 19 41, to Oct 31, 19 41
I last saw h. — alive on Oct 30, 19 41, death is said to have occurred on the date stated above, at 5 A. m.

Immediate cause of death: Carcinoma thyroid thyroid — Duration: 6 mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

26 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. J. Mahoney M. D.
(Address) Winthrop Mass Date 11/1 19 41

21 Place of Burial, Cremation or Removal: Holy Cross (City or Town) Malden
DATE OF BURIAL November 3 19 41

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

100m-10-39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 8406

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town)

No. Hebrew Ladies Home for Aged St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Miller (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 201

(a) Residence. No. 92 Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Hyman Miller
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 73 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Austria

PARENTS

13 NAME OF FATHER: Louis Weiselberger

14 BIRTHPLACE OF FATHER (City) (State or country): Austria

15 MAIDEN NAME OF MOTHER: Hannah -

16 BIRTHPLACE OF MOTHER (City) (State or country): Austria

17 Informant (Address): Morris Citron Relation, if any

A TRUE COPY.
ATTEST: Francis J. Gray
(Registrar of city or town where death occurred)

DATE FILED 10/8/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 5 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 10/3/41, 19, to 10/5/41, 19. I last saw her alive on 10/5/41, 19, death is said to have occurred on the date stated above, at 3 P m.

	Duration
Immediate cause of death: cerebral hemorrhage	10/3/41
Due to acute congestive heart failure	10/5/41
Due to arteriosclerosis	?

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B A Udelson M. D.
(Address) Boston Date 10/5/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Workens Circle Melrose
(Cemetery) (City or Town)
DATE OF BURIAL Oct 7 1941 19

22 NAME OF FUNERAL DIRECTOR M Stanetsky
ADDRESS Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

Of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4790

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. New England Hospital for W. & C. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

202

2 FULL NAME Baby Stevens (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Locust St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years ..... Months ..... Days; If less than 1 day 9 Hours 40 Minutes

9 Usual Occupation: —

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS
13 NAME OF FATHER: Charles Stevens
14 BIRTHPLACE OF FATHER (City) (State or country): Charlestown Mass
15 MAIDEN NAME OF MOTHER: Grace Eldridge
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston

17 Informant (Address): mother (Relation, if any)

A TRUE COPY.
ATTEST: Francis J. Gay
(Registrar of city or town where death occurred)
DATE FILED 10/22/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Oct 15 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from 10/35/41, 19, to 10/15/41, 19
I last saw h. im alive on 10/15/41, 19, death is said to have occurred on the date stated above, at 9/15P m.

Immediate cause of death: prematurity
Due to: toxemia of mother with
Due to: premature separation of placents
Due to:
Other conditions (Include pregnancy within 3 months of death):

Duration

Major findings:
Of operations: Date of
Of autopsy: prematurity
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E E Renning, M. D.
(Address) Boston Date 10 — 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL: St Michael's Boston (Cemetery) (City or Town)
DATE OF BURIAL: Oct 20 1941 19

22 NAME OF FUNERAL DIRECTOR: R. C. Kirby
ADDRESS: Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

If death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 139

1 PLACE OF DEATH
Essex (County)
Saugus, (City or Town)
No. Traffic Circle on Route 1 St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin Francis Brown (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 203

(a) Residence. No. 92 Upland Road, Winthrop St.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Claire Moran (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 22 years

7 IF STILLBORN, enter that fact here.

8 AGE 21 Years 8 Months 4 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Machinist Helper

10 Industry or Business: .....

11 Social Security No. 027-16-4502

12 BIRTHPLACE (City) Brighton, (State or country) Mass.

PARENTS

13 NAME OF FATHER Edwin G. Brown

14 BIRTHPLACE OF FATHER (City) East Boston, (State or country) Mass.

15 MAIDEN NAME OF MOTHER Francis Mucher

16 BIRTHPLACE OF MOTHER (City) Germany (State or country)

17 Informant Francis Brown (Address) 92 Upland Rd., Winthrop (Relation, if any Father)

A TRUE COPY.

ATTEST: Mildred M. Furlong (Registrar of city or town where death occurred)

DATE FILED October 31, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 29, (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at .....m.

Immediate cause of death Laceration of left forehead and orbit Fractured skull with associated brain injuries. — Duration

Due to .....

Due to Accident

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
.....Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) Laurence E. Cusick, M. D.
(Address) ..... Date ..... 19.....

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn, (Cemetery) Everett (City or Town)
DATE OF BURIAL November 1, 1941

22 NAME OF FUNERAL DIRECTOR Frank E. Brown
ADDRESS 24 Sullivan St., Boston

Received and filed November 4, 1941
(Registrar of City or Town where deceased resided)

50m-10-'39. No. 3427-f

Of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

NOV 15 1.4 1 M

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 1[illegible]

1 PLACE OF DEATH: Essex (County); Saugus, (City or Town); No. Traffic Circle on Route 1, Saugus, St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Willian F. Clearson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

204

(a) Residence. No. 76 Crest Ave., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months 1 days. (Specify whether) In this community 1[illegible] yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 21 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Boiler makers' Helper

10 Industry or Business:

11 Social Security No. 031-07-1842

12 BIRTHPLACE (City) Charlestown, (State or country) Mass.

PARENTS

13 NAME OF FATHER Phillip F. Clearson

14 BIRTHPLACE OF FATHER (City) Bethel, (State or country) Vermont

15 MAIDEN NAME OF MOTHER Frances A. Canning

16 BIRTHPLACE OF MOTHER (City) Boston, (State or country) Mass.

17 Informant Frances A. Clearson (Relation, if any mother) (Address) 76 Crest Ave., Winthrop

A TRUE COPY.

ATTEST: Maude M. Furlong (Registrar of city or town where death occurred)

DATE FILED October 31, 19[illegible]

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 29, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from ..., 19..., to ..., 19...

I last saw h. alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.

Immediate cause of death: Fractured neck — Duration

Contusions and abrasions of abdomen with associated internal injuries.

Due to

Due to Accident

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Laurence F. Musick, M. D.
(Address) Nahant, Mass. Date 11/2, 1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or Town)

DATE OF BURIAL November 1, 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed 11-31 1941

(Registrar of City or Town where deceased resided)

Death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

NOV 15 1941

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. 140

1 PLACE OF DEATH
Essex (County)
Saugus, (City or Town)
No. Traffic Circle on Route 1, Saugus, St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

204

2 FULL NAME William F. Clearden (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 76 Crest Ave., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution years months 1 days. (Specify whether) In this community 11 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 21 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Boiler makers' helper

10 Industry or Business:

11 Social Security No. 031-07-1842

12 BIRTHPLACE (City) (State or country) Charlestown, Mass.

PARENTS
13 NAME OF FATHER Phillip F. Clearden
14 BIRTHPLACE OF FATHER (City) (State or country) Bethel, Vermont
15 MAIDEN NAME OF MOTHER Frances A. Manning
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston, Mass.

17 Informant Frances A. Clearden (mother) Relation, if any
(Address) 76 Crest Ave., Winthrop

A TRUE COPY.
ATTEST: Maude L. Furlong
(Registrar of city or town where death occurred)
DATE FILED October 31, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 29, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.....alive on ....., 19....., death is said to have occurred on the date stated above, at .....m.

Immediate cause of death: Fractured neck — Duration
Due to Contusions and abrasions of abdomen with associated internal injuries.
Due to Accident
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Laurence F. Cusick, M. D.
(Address) Mahant, Mass. Date 10/29/1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop (Cemetery) (City or Town)
DATE OF BURIAL November 1, 1941

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Mass.

Received and filed 10-31 1941
(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

NOV 15 1941

R-302

Death should be transmitted on Form K-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston
(City or town making return)

Registered No. 9104

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town)

No. Palmer Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Faro
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 205

(a) Residence. No. 354 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of Concette Friscia
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 30 years

7 IF STILLBORN, enter that fact here.

8 AGE 33 Years 2 Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: lobster dealer

10 Industry or Business:

11 Social Security No. 022-16-7952

12 BIRTHPLACE (City) (State or country) Italy

PARENTS

13 NAME OF FATHER Angelo Faro

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Ventura Intagliate

16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant wife (Address) Relation, if any ( )

A TRUE COPY.
ATTEST: Francis J. Fay
(Registrar of city or town where death occurred)

DATE FILED 11/3/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 29 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/12/40, 19, to 10/29/41, 19
I last saw him alive on 10/28/41, 19, death is said to have occurred on the date stated above, at 3/45 A.m.

	Duration
Immediate cause of death	
myelogenoma leukemia	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) carcinoma of pharynx	3 yrs

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S Warren M. D.
(Address) Boston Date 10/29/ 19 4;

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Michael's Boston
(Cemetery) (City or Town)
DATE OF BURIAL Nov 2 1941 19

22 NAME OF FUNERAL DIRECTOR J Russo
ADDRESS Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

R-301 A

BOSTON NOTIFIED DEC 9 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 206

PLACE OF DEATH
1 Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nora Kane (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) No.

(a) Residence. No. 9 Breed St. East Boston (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution Hos. years months 5 days. (Specify whether) In this community 57 yrs. mos. 5 days. (per M. J. Kelly Office)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of —
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive —
7 IF STILLBORN, enter that fact here. —

8 AGE 71 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home
10 Industry or Business: —

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER James Kane
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Catherine Lyons
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Francis Cronin (Relation, if any Friend)
(Address) 26 Breed St., E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 11/4/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 1 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/25, 1941, to Nov 1, 1941
I last saw h. alive on Nov 1, 1941, death is said to have occurred on the date stated above, at 7 P.M.

Immediate cause of death — Duration IMPORTANT
Carcinoma of Sigmoid — 1 yr.
Due to Sigmoid
Due to Bronchopneumonia — 2 days
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Harry H. Kelly M. D.
(Address) Winthrop Date 11/4 1941

21 Holy Cross, Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 4 1941

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E.B.

Received and filed 19
(Registrar)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 207

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 183 Winthrop St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Mabelle Hudson (Rich) Radell
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 183 Winthrop St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 37 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Louis Albert Radell
(Husband's name in full)

6 Age of husband or wife if alive 74 years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years 5 Months 3 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) South Orrington
(State or country) Maine

PARENTS

13 NAME OF FATHER Simeon Rich

14 BIRTHPLACE OF FATHER (City) South Orrington
(State or country) Maine

15 MAIDEN NAME OF MOTHER Emma Hoben

16 BIRTHPLACE OF MOTHER (City) South Orrington
(State or country) Maine

17 Informant Louis A. Radell (Relation, if any husband)
(Address) 183 Winthrop St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. Dehilleson
(Signature of Agent of Board of Health or other)
HO
(Official Designation)
Nov 4/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 3 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1941, to Nov. 3, 1941
I last saw her alive on Nov 2, 1941, death is said to have occurred on the date stated above, at 7.45 P m.

Immediate cause of death Cerebral Hemorrhage
Duration
Due to Arteriosclerosis
Due to
Other conditions none
(Include pregnancy within 3 months of death)

IMPORTANT
Certified Oct 26 1941
Several years

Major findings:
Of operations none
Date of —
Of autopsy none
What test confirmed diagnosis? Clinical Signs

IMPORTANT
Physician
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. J. O'Leary M. D.
(Address) Winthrop Date Nov 4 1941

21 So. Orrington Cemetery Maine
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 7, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 1941 19
(Registrar)

extracts from the laws on back of certificate.
If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of bia death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies, and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

No. Station Hospital, Fort Banks, Mass. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROBERT ~~(None)~~ SULLIVAN (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Pierce avenue ~~Station Hospital, Ft. Banks, Mass.~~ St. Dorchester, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years — months — days. — In this community — yrs. — mos. — days.

Residence per Birth Certificate

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE — Years ... Months ... Days; If less than 1 day ... Hours ... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Station Hospital Fort Banks (State or country) Winthrop Mass.

PARENTS

13 NAME OF FATHER Richard Patrick Sullivan

14 BIRTHPLACE OF FATHER (City) Boston Mass. (State or country)

15 MAIDEN NAME OF MOTHER Florence Pitts

16 BIRTHPLACE OF MOTHER (City) Boston (State or country)

17 Informant: P. C. Sullivan (Relationship) Grandfather (Address) 28 Templeton St Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial, or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) Nov. 4/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 3, (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him ~~alive~~ on 11-3, 1941, death is said to have occurred on the date stated above, at 11:20 a.m.

Immediate cause of death Stillborn —

Prolonged labor due to Congenital defect

Due to Stillborn ✓

Due to —

Other conditions — (Include pregnancy within 3 months of death)

Major findings:

Of operations —

— Date of —

Of autopsy No

What test confirmed diagnosis? None

Duration IMPORTANT

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify.

(Signed) Glen R. Powell 1st Lt. MC. ~~M. D.~~

(Address) Fort Banks, Mass. Date 11-3 1941

21 Mem Calvary Boston Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 5 1941

22 NAME OF FUNERAL DIRECTOR John C. Mulry

ADDRESS Dorchester Mass.

Received and filed NOV 6 1941 19

(Registrar)

Amended to 1:20 a.m.

Amended to Stillborn

INSTRUCTIONS: Write in ink, type, or pencil. PRINTING NOT NECESSARY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 209

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 79 Johnson Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Horace Augustus Magee
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 79 Johnson Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 45 yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Eva Rich
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 68 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years 3 Months 2 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Broker (retired)

10 Industry or Business: Insurance

11 Social Security No. 048-05-5641

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Edward Magee

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Elizabeth Mann

16 BIRTHPLACE OF MOTHER (City) Ellsworth
(State or country) Maine

17 Informant Mrs. Eva R. Magee (Relation, if any Wife)
(Address) 79 Johnson Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Clutchey
(Signature of Agent of Board of Health or other)
Health Officer 11/7/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 5 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 24 1941, to November 5 1941
I last saw him alive on November 5, 1941, death is said to have occurred on the date stated above, at 900 P. m.

Immediate cause of death — Duration
Bronchio Pneumonia — 3 days
Due to
Coronary Thrombosis — 35 days
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Granger, M. D.
(Address) Winthrop Date 19

21 Place of Burial, Cremation or Removal. Winthrop Cemetery Winthrop Mass (City or Town)
DATE OF BURIAL November 8, 1941 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

extracts from the laws on back of certificate.

100m (d)-1-41-4067

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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R-303A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 210

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gladys Besson (Wetherell) Barry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 600 Shirley St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) years – months 26 days min. (per hospital) In this community 4 yrs. mos. – days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William Homer Barry (Husband's name in full)

6 Age of husband or wife if alive 37 years

7 IF STILLBORN, enter that fact here.

8 AGE 40 Years 2 Months 30 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) Brooklyn (State or country) New York

PARENTS

13 NAME OF FATHER Grant Garfield Wetherell

14 BIRTHPLACE OF FATHER (City) New York (State or country) New York

15 MAIDEN NAME OF MOTHER Louise Besson

16 BIRTHPLACE OF MOTHER (City) New York (State or country) New York

17 Informant William Barry (husband) Relation, if any
(Address) 600 Shirley St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Death Officer 11/10/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November – 7 – 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)
Hemorrhage due to Ruptured Uterus
Spontaneous Precipitate Labor
Full term childbirth

20 Accident, suicide or homicide (specify) –
Date of occurrence 19
Where did Injury occur? (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
Manner of Injury
Nature of Injury
While at work? no Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm J. Buckley M. D.
(Address) Boston Mass. Date 8 – 1941

22 Place of Burial, Cremation or Removal. Rockville Cemetery Lynbrook L. I. (City or Town) N. Y.
DATE OF BURIAL November 11, 1941 19

23 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed NOV 12 1941 19
(Registrar)

Information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-303A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 211

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Boy Barry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 600 Shirley St Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community — yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE ..... Years ..... Months ..... Days ..... If less than 1 day Hours ..... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. .....

12 BIRTHPLACE (City) Winthrop (State or country) Massachusetts

PARENTS

13 NAME OF FATHER: William Homer Barry

14 BIRTHPLACE OF FATHER (City) Boston (State or country) Mass

15 MAIDEN NAME OF MOTHER: Gladys Besson Wetherell

16 BIRTHPLACE OF MOTHER (City) New York (State or country) New York

17 Informant: William H. Barry (Address) 600 Shirley St Winthrop Mass Relation, if any: Father

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Chickelsey
(Signature of Agent of Board of Health or other)

Health Officer 11/10/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: about early November (Month) — (Day) — 1941 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Born dead (still born)
dead in uterus
full term -
full

20 Accident, suicide or homicide (specify) ✓
Date of occurrence ..... 19 .....
Where did Injury occur? ..... (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
Manner of Injury ✓
Nature of Injury ✓
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify .....
(Signed) Wm. L. Chickelsey M. D.
(Address) Boston Mass 5 1941

22 Place of Burial, Cremation or Removal: Rockville Cemetery Lynbrook L. I. N.Y. (City or Town)
DATE OF BURIAL November 11, 1941 19

23 NAME OF FUNERAL DIRECTOR: Charles R. Bennison
ADDRESS: Winthrop, Mass

Received and filed ..... 19 .....
(Registrar)

Information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 212

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 76 Woodside Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leonardo Perrone (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 76 Woodside Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years — months — days. (Specify whether) In this community 30 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word): Married

5a If married, widowed, or divorced HUSBAND of Grace Mancuso (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 55 years

7 IF STILLBORN, enter that fact here.

8 AGE 70 Years — Months — Days | If less than 1 day — Hours — Minutes

9 Usual Occupation: Barber

10 Industry or Business: Hairdressing + Shaving

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Italy

PARENTS

13 NAME OF FATHER: Frank Perrone

14 BIRTHPLACE OF FATHER (City) (State or country): Italy

15 MAIDEN NAME OF MOTHER: Philomena Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant: Grace Perrone (Relation, if any: Wife)
(Address) 76 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) (Date of Issue of Permit) 11/12/41

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 10 (Day) 1941. (Year)

19 I HEREBY CERTIFY. That I attended deceased from July 1, 1939, to Nov. 10, 1941. I last saw him alive on Nov. 7, 1941, death is said to have occurred on the date stated above, at 9 a.m.

	Duration
Immediate cause of death: Hypostatic pneumonia (Hypostatic)	1 day
Due to: Carcinoma prostate (Prostate)	2 yrs.
Due to: Diabetes mellitus (Diabetes Mellitus)	2 yrs.
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations — Date of
Of autopsy —
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Dwelmony M. D.
(Address) Winthrop Mass. Date 11/10 1941

21 Place of Burial, Cremation or Removal Holy Cross. Malden (City or Town)
DATE OF BURIAL Nov 13, 1941

22 NAME OF FUNERAL DIRECTOR Michael S. Gaggiano
ADDRESS 978 Saratoga St. East Boston

Received and filed 19
(Registrar)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Exactness of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 213

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. ~~17~~ Winthrop Comm. Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Mary Butler (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 171 Shore Drive St. (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution Yes (Specify whether) — years / months — days. In this community 18 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Philip Butler (Husband's name in full)

6 Age of husband or wife if alive 51 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years — Months — Days If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business:

11 Social Security No.

12 BIRTHPLACE (City) (State or country) Boston Mass.

PARENTS

13 NAME OF FATHER William McGilligan

14 BIRTHPLACE OF FATHER (City) St Johns (State or country) N. B.

15 MAIDEN NAME OF MOTHER Anna Norton.

16 BIRTHPLACE OF MOTHER (City) St Johns (State or country) N. B.

17 Informant Philip J Butler (Address) — Relation, if any (husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/14/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 11 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 21, 1939, to Nov. 11, 1941
I last saw her alive on Nov. 11, 1941, death is said to have occurred on the date stated above, at 3.40 p.m.

Immediate cause of death — Duration IMPORTANT
Cancer of right breast. April 1939 Nov. 11. 1941.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of right Breast Type 3. Date of 4/22/39
Of autopsy None.
What test confirmed diagnosis? pathological

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Burke W Parkinson M. D.
(Address) Winthrop Mass. Date 11-13 1941

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Nov. 14 1941

22 NAME OF FUNERAL DIRECTOR Ruby Bros
ADDRESS 210 Winthrop St Winthrop

Received and filed 19

(Registrar)

100m-10-'39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 214

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 894 Shirley St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Agnes Glynn (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 894 Shirley St. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 39 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Glynn (Husband's name in full)

6 Age of husband or wife if alive 63 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years — Months — Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: House wife

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Derry N. H.

PARENTS

13 NAME OF FATHER William Rachie

14 BIRTHPLACE OF FATHER (City) (State or country) Unknown

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant John Glynn (Address) 894 Shirley St. Relation, if any (husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/14/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 11 (Month) 11 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/11, 1941, to 11/11, 1941

I last saw her alive on 11/11, 1941, death is said to have occurred on the date stated above, at 11:50 p.m.

Immediate cause of death — *Duration* IMPORTANT

Cerebral Haemorrhage — 6 hrs

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) Hypertension — 2 yrs

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry A. Kelly, M. D.
(Address) Winthrop Date 11/12/19 41

21 Place of Burial, Cremation, or Removal. Winthrop (City or Town)
DATE OF BURIAL Nov. 15 19 41

22 NAME OF FUNERAL DIRECTOR Philip Bess
ADDRESS 210 Winthrop St. Winthrop

Received and filed 19 41
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . ***Chap.*** **114,** ***Sec.*** **46,** ***G. L.,*** **(*Tercentenary Edition*)**

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion. but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

N. B. WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 215

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Comunity Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ann Farley Johnson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 50 Faun Bar Ave., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution [illegible] (Specify whether) — years — months 15 days. In this community 30 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Arthur L. Johnson (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years 11 Months 9 Days — If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: At Home

11 Social Security No. —

12 BIRTHPLACE (City) Chelsea (State or country) Mass.

PARENTS

13 NAME OF FATHER: Thomas Farley

14 BIRTHPLACE OF FATHER (City) Sterling (State or country) Mass.

15 MAIDEN NAME OF MOTHER: Susan Williams

16 BIRTHPLACE OF MOTHER (City) Boston (State or country) Mass.

17 Informant: Richard Johnson Relation, if any: Son
(Address) 50 Faun Bar Ave., Winthrop, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/13/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 11, (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from May 13, 1941, to Nov. 11, 1941

I last saw h. alive on Nov 11, 1941, death is said to have occurred on the date stated above, at 1:35 A.m.

Immediate cause of death: Peritonitis — Duration: 10 days

Due to infection following Vaginal hysterectomy.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations Prolapse of Uterus Date of Oct 28, 1941
Of autopsy none
What test confirmed diagnosis? Clinical Signs

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop, Mass Date Nov. 13, 1941

21 Place of Burial, Cremation or Removal: Winthrop Cemetery Winthrop (City or Town)
DATE OF BURIAL Nov. 13, 1941

22 NAME OF FUNERAL DIRECTOR Richard H. Phelan Jr.
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19
(Registrar)

100m-10-39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 216

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 135 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Neil Mulcahy
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 39 Hutchinson St St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years — months — days. (Before death) (Specify whether) In this community 25 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of William F. Mulcahy (Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired

10 Industry or Business: Home

11 Social Security No. —

12 BIRTHPLACE (City) Brookline (State or country) Mass

PARENTS
13 NAME OF FATHER James O'Neil
14 BIRTHPLACE OF FATHER (City) Brookline (State or country) Mass
15 MAIDEN NAME OF MOTHER Joan O'Hearn
16 BIRTHPLACE OF MOTHER (City) Brookline (State or country) Mass

17 Informant Edith Barton (Relation, if any) (Daughter)
(Address) 39 Hutchinson St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/13/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 12 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from February 20, 1941, to November 12, 1941
I last saw her alive on November 12, 1941, death is said to have occurred on the date stated above, at 11:30 p.m.

	Duration
Immediate cause of death Carcinoma of Stomach	1 year
Due to General Carcinomatosis	6 mos
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations none performed Date of	
Of autopsy none	
What test confirmed diagnosis? Clinical & X-Ray	

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Winthrop Date Nov 13 1941

21 St. Josephs Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 15 1941 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

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Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 217

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. Winthrop Community Hos. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Chapman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 144 Shore Drive St. Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution — years — months — days. (Specify whether) In this community — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here. Stillborn ✓

8 AGE ... Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS

13 NAME OF FATHER Albert Chapman.

14 BIRTHPLACE OF FATHER (City) (State or country) Russia.

15 MAIDEN NAME OF MOTHER Beatrice Sisson

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.

17 Informant Albert Chapman Relation (if any) Father
(Address) 144 Shore Drive Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) Nov. 16/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 15 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from — 19..., to ..., 19...

I last saw h... alive on ... 19..., death is said to have occurred on the date stated above, at 2 35 a.m.

	Duration
Immediate cause of death Stillborn	
(1) Prematurity	9 mos.
(2) Intra-Uterine	
Due to Asphyxia	1 min.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) F. Leich, M. D.
(Address) 495 Commw. Ave. Date 11. 15 1941

21 Place of Burial, Cremation or Removal. Beth Israel Cem Everett (City or Town)
DATE OF BURIAL Nov. 16 1941

22 NAME OF FUNERAL DIRECTOR Manuel Stavatsky
ADDRESS 10 Washington St Dor.

Received and filed ... 19...

A TRUE COPY ATTEST: (Registrar)

200m-10-39. No. 8427-d

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 218

PLACE OF DEATH
1 County: Suffolk
City or Town: Winthrop ~~Mass.~~
No. 334 Revere St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Harry Lawrence Coffin (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 334 Revere St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community 50 yrs. — mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of: Marion (Kendall) Coffin (Give maiden name of wife in full)
(or) WIFE of: (Husband's name in full)

6 Age of husband or wife if alive: 50 years

7 IF STILLBORN, enter that fact here.

8 AGE: 57 Years 6 Months 2 Days | If less than 1 day: Hours Minutes

9 Usual Occupation: Night Watchman

10 Industry or Business: Old South Building Boston

11 Social Security No. 023-10-6855

12 BIRTHPLACE (City) (State or country): Charlottown P.E.I.

PARENTS
13 NAME OF FATHER: Duncan Coffin
14 BIRTHPLACE OF FATHER (City) (State or country): Charlottown P.E.I.
15 MAIDEN NAME OF MOTHER: Jessie Scott
16 BIRTHPLACE OF MOTHER (City) (State or country): P.E.I.

17 Informant: Marion Coffin (Relation, if any: Wife)
(Address) 334 Revere St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Guldoff
(Signature of Agent of Board of Health or other)
Health Officer 11/19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: November 17 1941. (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 10, 1941 to November 17, 1941
I last saw him alive on November 16 1941, death is said to have occurred on the date stated above, at 3 a.m.

Immediate cause of death: Acute Coronary Thrombosis — Duration: 2 weeks
Due to: Acute Pulmonary Edema — 15 hours
Due to:
Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Date of:
Of autopsy: None
What test confirmed diagnosis? Clinical + Laboratory

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Date 11/17/41

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL: Nov. 19 1941

22 NAME OF FUNERAL DIRECTOR: Howard S. Reynolds
ADDRESS: Winthrop Mass.

Received and filed: NOV 21 1941 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

"Middle name Lawrence" per Wm. Reynolds

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 219

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 142 Pauline St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes I. Fitzpatrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 142 Pauline St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution none years months days. In this community 30 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: Divorced

5a If married, widowed, or divorced
HUSBAND of Frank J. Fitzpatrick
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 75 years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: At Home

10 Industry or Business: None

11 Social Security No. None

12 BIRTHPLACE (City) Lynn, (State or country) Mass.

PARENTS

13 NAME OF FATHER: Jeremiah Reardon

14 BIRTHPLACE OF FATHER (City) (State or country): Cannot be learned

15 MAIDEN NAME OF MOTHER: Ann Carey

16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned

17 Informant: Mrs. John J. Herbert (Relation, if any) dau.
(Address) 142 Pauline St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. F. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 17 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1941, to Nov 17, 1941

I last saw h. alive on Nov 17, 1941, death is said to have occurred on the date stated above, at 4 P.M.

	Duration
Immediate cause of death: Cerebral Hemorrhage	IMPORTANT 1941
Due to: Arteriosclerosis	1930
Due to: Chronic Nephritis	1930
Other conditions (Include pregnancy within 3 months of death): Fell & Cerebral hemorrhage - No relat. to death	IMPORTANT

Major findings:
Of operations —
Of autopsy — Date of
What test confirmed diagnosis? Stethoscope Sphygmomanometer

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) G. Lynde Gately M. D.
(Address) 624 Bennett St. Date 11-18 1941

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Nov. 21, 1941 19

22 NAME OF FUNERAL DIRECTOR A. Clarke
ADDRESS Boston

Received and filed NOV 21 1941 19
(Registrar)

100m (d)-1-41-4667

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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Dr. G. Lynde Gately

M R-301 A

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or Its Agent.

Registered No. 220

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 53 Thornton Pk. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: MARY E. KIRK (DANAHY)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 53 Thornton Pk. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 12 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 ~~SINGLE~~ MARRIED ~~WIDOWED~~ or ~~DIVORCED~~ (write the word): Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Kirk (Give maiden name of wife in full)
(Husband's name in full)

6 Age of husband or wife if alive 44 years

7 IF STILLBORN, enter that fact here.

8 AGE 43 Years ... Months — Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housework

10 Industry or Business: Own home

11 Social Security No. —

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Jeremiah Danahy
14 BIRTHPLACE OF FATHER (City) Kerry
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Howard
16 BIRTHPLACE OF MOTHER (City) Kerry
(State or country) Ireland

17 Informant John Kirk (Address) 53 Thornton Pk. (Relation if any) (Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 11/18/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 17 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1940, to Nov 17, 1941
I last saw h. alive on Nov. 17, 1941, death is said to have occurred on the date stated above, at 5 A m.

Immediate cause of death — Duration
Bronchial carcinoma — IMPORTANT
Due to metastasis in lung — 1 1/4 yrs
Due to — 1 1/4 yrs
Other conditions (Include pregnancy within 3 months of death)

IMPORTANT
Physician — Underline the cause to which death should be charged statistically.

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Winthrop Date 11/17 1941

21 Holy Cross Place of Burial, Cremation or Removal. Malden (City or Town) Mass
DATE OF BURIAL Nov. 19, 1941

22 NAME OF FUNERAL DIRECTOR Joseph Furnare
ADDRESS 516 Broadway Everett

Received and filed NOV 21 1941 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-720-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 221

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 997 Shirley St., ~~Winthrop~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Bolton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 997 Shirley St., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 25 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of Anna Abrahamson Bolton (Give maiden name of wife in full) (or) WIFE of Abrahamson (Husband's name in full)

6 Age of husband or wife if alive 50 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 3 Months 8 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Shipper (Retired)

10 Industry or Business: Building Supplies

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) England

PARENTS

13 NAME OF FATHER: Henry Bolton

14 BIRTHPLACE OF FATHER (City) (State or country): England

15 MAIDEN NAME OF MOTHER: Hannah Walsh

16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant: Mrs. Anna A. Bolton (Relation, if any: Wife)
(Address) 997 Shirley St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/21/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 18, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h... alive on —, 19..., death is said to have occurred on the date stated above, at about 1 p. m.

Immediate cause of death: Natural causes

Due to: Presumably cerebral

Due to: Hemorrhage

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations —
Date of
Of autopsy no
What test confirmed diagnosis? —

Duration IMPORTANT

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Robert E. Pierson, M. D.
(Address) Winthrop Board of Health Date 11/19 19 41

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 22, 1941 19

22 NAME OF FUNERAL DIRECTOR Richard T. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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REVERE NOTIFIED DEC 9 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 222

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. Winthrop Community Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Stillborn Female Castaldo (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Eastern Ave St. Revere Mass

(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital years months 1 days. In this community yrs. mos. days.

(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS

13 NAME OF FATHER James Castaldo

14 BIRTHPLACE OF FATHER (City) (State or country) Italy

15 MAIDEN NAME OF MOTHER Mary Destadano

16 BIRTHPLACE OF MOTHER (City) (State or country) New York City N.Y.

17 Informant James Castaldo (Relation, if any) (father)
(Address) 7 Eastern Ave Rev

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (18) 18 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1941, to Nov. 18, 1941

I last saw h. — alive on —, 19..., death is said to have occurred on the date stated above, at — m.

Immediate cause of death

Due to Still born

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

Duration IMPORTANT

IMPORTANT PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Louis Dresch, M. D.
(Address) 72 Shirley Ave Date 11/19 1941

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 21 1941

22 NAME OF FUNERAL DIRECTOR Joseph T. Eggelso
ADDRESS 450 Cambridge St Camb.

Received and filed NOV 21 1941 19...
(Registrar)

100m-2-'40-D-729-a

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH: Suffolk (County) DEC 9 1941
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Castaldo (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 7 Eastern Ave St. Revere
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital (Specify whether) — years — months 5 days. In this community 7 yrs. — mos. 5 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Castaldo (Husband's name in full)

6 Age of husband or wife if alive 41 years

7 IF STILLBORN, enter that fact here.

8 AGE 29 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: housework

10 Industry or Business: own home

11 Social Security No. —

12 BIRTHPLACE (City) (State or country) New York City N.Y.

PARENTS
13 NAME OF FATHER Ralph Destafano
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Mary Allecci
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy

17 Informant James Castaldo Relation, if any husband
(Address) 7 Eastern Ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Walter L. Chickering
(Signature of Agent of Board of Health or other)

Vital Statistics Officer 11/19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 18 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1941, to Nov. 18, 1941
I last saw her alive on Nov. 18, 1941, death is said to have occurred on the date stated above, at 2:30 a.m.

	Duration IMPORTANT
Immediate cause of death	
Due to Toxemia of Pregnancy	2 weeks 2 wks.
Due to Uremia	5 days
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify Louis Siegel
(Signed) Louis Siegel M. D.
(Address) 72 Shirley Ave Date 11/19 1941

21 Place of Burial, Cremation or Removal. Holy Cross (City or Town) Malden
DATE OF BURIAL Nov 21 1941

22 NAME OF FUNERAL DIRECTOR Joseph A. Cardio
ADDRESS 450 Cambridge St Camb.

Received and filed NOV 21 1941 19
(Registrar)

100m-2-'40-D-729-a

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 224

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 60 Quincy Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine (Boylan) Grady
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 60 Quincy Ave St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or institution — years months days. In this community 40 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James S. Grady
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. —

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Stephen Boylan

14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass

15 MAIDEN NAME OF MOTHER Catherine Macaulay

16 BIRTHPLACE OF MOTHER (City)
(State or country) P. E. Island

17 Informant Miss G. Grady (Relation, if any) Daughter
(Address) 60 Quincy Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Claudesey
(Signature of Agent of Board of Health or other)
Health Officer 11/19/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 18 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December, 1936, to Nov. 18, 1941
I last saw her alive on Nov. 18, 1941, death is said to have occurred on the date stated above, at 11:15 P.M.

	Duration
Immediate cause of death: Pulmonary edema	36 hrs
Due to: Congestive Heart Failure	1 yr.
Due to: Rheumatic Heart Disease	40 yrs.
Other conditions (Include pregnancy within 3 months of death): —	

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings: Of operations: none
Date of —
Of autopsy: none
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Merrill M. D.
(Address) Winthrop Mass. Date 11/18 1941

21 Place of Burial, Cremation or Removal. Winthrop (City or Town)
DATE OF BURIAL Nov. 21 1941 19

22 NAME OF FUNERAL DIRECTOR John H. Malley
ADDRESS Winthrop

Received and filed NOV 21 1941 19
(Registrar)

100m (d)-1-41-4667

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 225

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 319 Bowdoin St., Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Margaret Lowther Sherman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 319 Bowdoin St., St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community 25 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Millard A. Sherman
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 85 Years 11 Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Retired

11 Social Security No. —

12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER: Andrew Lowther

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Isabella Crowell

16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

17 Informant: Mary T. Thayer (Relation, if any: Neice)
(Address) 319 Bowdoin St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Shidley
(Signature of Agent of Board of Health or other)

Health Officer 11/21/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 18 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September, 1941, to November 18 1941
I last saw h. e. alive on November 17, 1941, death is said to have occurred on the date stated above, at 2 a. m.

Immediate cause of death: Broncho-pneumonia — Duration IMPORTANT Nov 14, 1941

Due to — —

Due to — —

Other conditions — —
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Date of
Of autopsy none
What test confirmed diagnosis? Clinical Signs

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien, M. D.
(Address) Winthrop Mass Date Nov. 18 1941

21 Glenwood Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 21, 1941 19

22 NAME OF FUNERAL DIRECTOR Richard H. Wade
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19
(Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301 A

REVERE NOTIFIED

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 226

PLACE OF DEATH

1 Suffolk (County) DEC 8 1941

Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Warren G. Torrey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 56 Cresent Ave., Revere St. Revere, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) — years — months 2 days. In this community 41 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Jessie Teothaker Torrey (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 11 Months 14 Days If less than 1 day Hours Minutes

9 Usual Occupation: Sales Manager

10 Industry or Business: Flour Mills

11 Social Security No. None

12 BIRTHPLACE (City) Deer Isles (State or country) Maine

PARENTS

13 NAME OF FATHER: Grafton Torrey

14 BIRTHPLACE OF FATHER (City) Deer Isles (State or country) Maine

15 MAIDEN NAME OF MOTHER: Lenora Warren

16 BIRTHPLACE OF MOTHER (City) Deer Isles (State or country) Maine

17 Informant: Mrs. Jessie T. Torrey (Relation, if any: Wife)
(Address) 56 Cresent Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/20/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 18 (Month) (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from January, 1939, to Nov. 18, 1941, last saw h. alive on Nov. 17, 1941, death is said to have occurred on the date stated above, at 11-24 A.m.

Immediate cause of death: Acute Myelogenous Leukemia — Duration: 6 days

Due to: Infection of Urinary tract — 6 days

Due to: Streptococcus infection blood stream — 20 days

Due to: Streptococcus in septicemia blood stream

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? Blood & Culture

IMPORTANT — PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify E. H. Brown
(Signed) E. H. Brown M. D.
(Address) Winchester Date 11/18 1941

21 Place of Burial, Cremation or Removal: Mt. Auburn Cambridge (City or Town)
DATE OF BURIAL Nov. 21, 1941 19

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed NOV 21 1941 19
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8427-e

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 227

No. 509 Pleasant St. (If death occurred in a hospital or Institution, give its NAME instead of street and number)

2 FULL NAME Celia C. Phelan (Coggins) (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 509 Pleasant St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 14 yrs. - mos. - days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Lloyd A. Phelan (Husband's name in full)

6 Age of husband or wife if alive 48 years

7 IF STILLBORN, enter that fact here.

8 AGE 49 Years - Months - Days | If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: -

11 Social Security No. none

12 BIRTHPLACE (City) Westport (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER: Albert E. Coggins

14 BIRTHPLACE OF FATHER (City) Westport (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER: Lealah Peters

16 BIRTHPLACE OF MOTHER (City) Westport (State or country) Nova Scotia

17 Informant Lloyd A. Phelan (husband) (Relation, if any)
(Address) 509 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Shildness
(Signature of Agent of Board of Health or other)
Health Officer 11/21/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 19 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1941, to Nov 19, 1941
I last saw her alive on Nov 19, 1941, death is said to have occurred on the date stated above, at 10-45 P m.
Immediate cause of death: Cerebral Thrombosis — Duration 2 months
Due to: Arteriosclerosis — 2 years
Due to:
Other conditions: -
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations: - Date of
Of autopsy: -
What test confirmed diagnosis? -

20 Was disease or injury in any way related to occupation of deceased? -
If so, specify
(Signed) [illegible] M. D.
(Address) 2 Crescent Ave. Date 11/19 1941

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 22, 1941

22 NAME OF FUNERAL DIRECTOR Michael J. Scollin
ADDRESS 10 No. Bennet St., Boston

Received and filed NOV 20 1941
(Registrar)

100m-2-'40-D-729-a

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Revising seal

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114. *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301 A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-39. No. 8127-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 228

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles D. Bradbury (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 16 Lewis Ave., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution [illegible] (Specify whether) years — months 7 days. In this community 40 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced, HUSBAND of Annie Burnham Bradbury (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 70 years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years 4 Months 11 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Manager

10 Industry or Business: Forest Supplies

11 Social Security No. None

12 BIRTHPLACE (City) Buckfield (State or country) Maine

PARENTS

13 NAME OF FATHER: Charles D. Bradbury

14 BIRTHPLACE OF FATHER (City) (State or country) Maine

15 MAIDEN NAME OF MOTHER: Malina Chase

16 BIRTHPLACE OF MOTHER (City) (State or country) Maine

17 Informant: Mrs. A. B. Bradbury (Address) 16 Lewis Ave., Winthrop Relation, if any: wife

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 20 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/17, 1941, to 11/20, 1941
I last saw h. alive on 11/20, 1941, death is said to have occurred on the date stated above, at 3 p.m.

Immediate cause of death: Uremia — Duration: 3 days
Due to Diabetes Mellitus — Duration: ?
Due to [illegible] — Duration:
Other conditions (Include pregnancy within 3 months of death) Hypertrophy Prostate — Duration: ?

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Harry [illegible] M. D.
(Address) [illegible] Date 11/21 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town) Winthrop
DATE OF BURIAL Nov. 23, 1941

22 NAME OF FUNERAL DIRECTOR Richard B. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

DEC 9 1941

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 229

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 29 Bates Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles H. Paisley
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 20 Calhoun Ave. St. Everett
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution --------- years months days. In this community 50 yrs. mos. 7 days. 6 mo.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Sarah A. Foster
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years 9 Months 10 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Wholesale Liquor

11 Social Security No. 019-16-3371

12 BIRTHPLACE (City) St. John,
(State or country) New Brunswick

PARENTS

13 NAME OF FATHER: John M. Paisley

14 BIRTHPLACE OF FATHER (City) St. John, N.B.
(State or country)

15 MAIDEN NAME OF MOTHER: Georgiana Trumbull

16 BIRTHPLACE OF MOTHER (City) St. John, N.B.
(State or country)

17 Informant Mrs. Sarah A. Paisley, (Relative, if any)
(Address) 20 Calhoun Ave., Everett, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Chaddess
(Signature of Agent of Board of Health or other)

Agent
(Official Designation)

Nov. 23/41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 20, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May, 1941, to Nov 20, 1941

I last saw him alive on Nov 15, 1941, death is said to have occurred on the date stated above, at 7:10 P.M.

Immediate cause of death — Duration
IMPORTANT
Pulmonary Hemorrhage — Sudden
Due to Carcinoma of Lung — 6 mo
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? X Ray

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Richard T. Morse, M. D.
(Address) 55 Cross St. Everett Date Nov 21 1941

21 Glenwood, Everett, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 23, 1941

22 NAME OF FUNERAL DIRECTOR J. F. Henderson Co., W. P. Grout
ADDRESS 517 Broadway, Everett, Mass.

Received and filed 19
(Registrar)

should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 230

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 35 Willow Ave Garage St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas F. L. Golden (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) No

(a) Residence. No. 35 Willow Ave Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 20 yrs. mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired Cashier
10 Industry or Business: Boston Edison Co.

11 Social Security No. 012-07-6422

12 BIRTHPLACE (City) Boston (State or country) Mass

PARENTS

13 NAME OF FATHER Thomas F. Golden

14 BIRTHPLACE OF FATHER (City) — (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary B. Brogan

16 BIRTHPLACE OF MOTHER (City) Co. Galway (State or country) Ireland

17 Informant Mabel J. Golden Relation, if any (sister)
(Address) 35 Willow Av., Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Childress
(Signature of Agent of Board of Health or other)

Health Officer 11/24/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November - 21 - 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Carbon monoxide Poisoning

20 Accident, suicide or homicide (specify) Presumably Accidental
Date of occurrence Nov - 21 - 1941

Where did Injury occur? Winthrop (City or Town and State)

Did injury occur in or about home, on farm, in industrial place, in public place? Garage (Specify type of place)

Manner of Injury Found dead seated in auto
Nature of Injury in his closed garage
While at work? no Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm. J. Buckley M. D.
(Address) Boston Date 22 - 1941

22 Holyhood Brookline
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 25, 1941

23 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St. E. B.

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-303A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. 69 Cottage Park Road Winthrop St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Richard Franklin POSTON (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 69 Cottage Park Rd. Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution None (Specify whether) years months days. In this community yrs. 1 mos. 7 days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE ..... Years 1 Months 7 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: None

10 Industry or Business: —

11 Social Security No. None

12 BIRTHPLACE (City) Winthrop (State or country) Mass

PARENTS

13 NAME OF FATHER: Clarence O Poston

14 BIRTHPLACE OF FATHER (City) Johnsonville (State or country) South Carolina

15 MAIDEN NAME OF MOTHER: Evelyn Pothier

16 BIRTHPLACE OF MOTHER (City) Yarmouth (State or country) Nova Scotia

17 Informant Clarence O Poston (Relation, if any) (Father)
(Address) 69 Cottage Park Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers
(Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/26/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November about 21st 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Drowning

20 Accident, suicide or homicide (specify) Homicidal.
Date of occurrence about Nov - 21 - 1941
Where did Injury occur? Winthrop (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? Probably (Specify type of place)
Manner of Injury: Found dead in a suitcase
Nature of Injury: under a bed
While at work? — Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Thos. J. Buckley, M. D.
(Address) Boston Nov. 24 1941

22 Winthrop Winthrop
Place of Burial, ~~Cremation~~ or ~~Removal~~. (City or Town)
DATE OF BURIAL November 27 1941

23 NAME OF FUNERAL DIRECTOR R. C. Kirly
ADDRESS Boston

Received and filed ..... 19.....
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 232

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Baby Christopher (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 111 Salem St Revere St. Revere Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here. Stillborn

8 AGE — Years — Months — Days | If less than 1 day — Hours — Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Winthrop Mass

PARENTS

13 NAME OF FATHER: Frederick T. Christopher

14 BIRTHPLACE OF FATHER (City) (State or country): Revere, Mass.

15 MAIDEN NAME OF MOTHER: Alice Bonia

16 BIRTHPLACE OF MOTHER (City) (State or country): East Boston Mass.

17 Informant: Frederick T. Christopher Relation, if any: Father
(Address) 111 Salem St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress M.D.
(Signature of Agent of Board of Health & other)

Health Office 11/25/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov (Month) 22 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from — , 19..., to — , 19...

I last saw h... alive on — , 19..., death is said to have occurred on the date stated above, at — m.

Immediate cause of death: Stillborn
Exhaustion

Due to: Exhaustion
Premature - 7 mos.

Due to:

Other conditions: —
(Include pregnancy within 3 months of death)

Duration IMPORTANT

Major findings:
Of operations: —
Date of
Of autopsy: —
What test confirmed diagnosis? —

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) William S. Swenson M. D.
(Address) 5 Winthrop Date 11-24 1941

21 St Michael Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 24 1941

22 NAME OF FUNERAL DIRECTOR: J. F. McNeill
ADDRESS: Revere

Received and filed NOV 2 1941 19...
(Registrar)

100m-10-39. No. 8427-e

N. B. WRITE LEGIBLY, with ink or typewriter. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L., (Tercentenary Edition)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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1 R-301 A

PLACE OF DEATH

Suffolk (County) REVERE NOTIFIED DEC 9 1941

1 Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 233

2 FULL NAME Baby Christopher (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 111 Salem St Revere St. Revere Mass (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution Hospital years months 3 ~~days~~ hr. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE Years Months Days | If less than 1 day 3 Hours — Minutes

9 Usual Occupation: —

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS

13 NAME OF FATHER Frederick T. Christopher

14 BIRTHPLACE OF FATHER (City) Revere
(State or country) Mass

15 MAIDEN NAME OF MOTHER Alice Bonia Bonia

16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass

17 Informant Frederick T. Christopher (Relation, if any Father)
(Address) 111 Salem St Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Chalmers
(Signature of Agent of Board of Health or other)

Health Officer 11/25/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 22 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h... alive on —, 19..., death is said to have occurred on the date stated above, at 12:49 P.m.

Immediate cause of death
~~Asphyxia~~

Due to Eclampsia
Premature - 7 mos

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Date of
Of autopsy —
What test confirmed diagnosis? —

Duration IMPORTANT

per Dr. Sheehan

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) William Shgrodan M. D.
(Address) 59 Shirley Ave Revere Date 11-24 1941

21 St Michael Cemetery Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 26 1941

22 NAME OF FUNERAL DIRECTOR R. J. McNeil
ADDRESS Revere

Received and filed 19...
(Registrar)

100m-10-'39. No. 8427-e

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(Check box making return)

Registered No. 234

1 PLACE OF DEATH: Suffolk (County) — Chelsea (City or Town) — No. Chelsea Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Belle Sullivan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 297 River Road St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital years 1 months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Frank J. Sullivan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 62 Years Months Days — If less than 1 day Hours Minutes

9 Usual Occupation: Housewife
10 Industry or Business: Own home

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Montreal, Canada

PARENTS

13 NAME OF FATHER: Joseph Behan
14 BIRTHPLACE OF FATHER (City) (State or country): Montreal, Canada
15 MAIDEN NAME OF MOTHER: Margaret Power
16 BIRTHPLACE OF MOTHER (City) (State or country): Templeton, Ontario

17 Informant (Address): Arthur Sullivan (106 Washington Ave., Winthrop) Relation, if any

A TRUE COPY.
ATTEST: Joseph A. Tyrrell (Registrar of city or town where death occurred)
DATE FILED Nov. 25, 1941

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 23, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Fracture of skull
Traumatic Intracranial Hemorrhage
Presumably accidental

20 Accident, suicide, or homicide (specify) Nov. 23, 1941
Date of occurrence Boston 19
Where did Injury occur? (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? Bridge (Specify type of place)
Manner of Injury Said to have been injured in an auto collision at Boston Nov. 23, 1941
Nature of Injury
While at work? no Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. J. Brickley, M.D.
(Address) Boston Date 11/24 M. D. 1941

22 Place of Burial, Cremation or Removal Winthrop, Winthrop (City or Town)
DATE OF BURIAL Nov. 26, 1941

23 NAME OF FUNERAL DIRECTOR John F. O Maley
ADDRESS Winthrop, Mass.

Received and filed NOV 26 1941 19
(Registrar of City or Town where deceased resided)

See original attached (illegible)

R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 235

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

No. 45 Forrest St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Dora Blumenthal (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 45 Forrest St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution -- years months days. In this community 4 yrs. — mos. — days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Jacob Blumenthal
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: At Home

11 Social Security No. --

12 BIRTHPLACE (City) Russia
(State or country)

PARENTS

13 NAME OF FATHER: Asher Freedman

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Harry Blumenthal (Relation, if any: Son)
(Address) 73 Union St., Natick

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 26 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 29, 1938, to Nov. 26 1941
I last saw her alive on Nov. 26, 1941, death is said to have occurred on the date stated above, at 4:15 P. m.

Immediate cause of death — Duration
IMPORTANT
Acute Coronary Thrombosis — 11/26/41
Due to
Due to
Other conditions Angina Pectoris — June 10/41
(Include pregnancy within 3 months of death)

IMPORTANT PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations None
Date of
Of autopsy None
What test confirmed diagnosis? Clinical

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Winthrop, Mass. Date 11/26 1941

21 Winthrop Cemetery Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL November 27, 1941

22 NAME OF FUNERAL DIRECTOR Wayne Stanetsky
ADDRESS 10 Wall St. Everett

Received and filed NOV 27 1941 19
(Registrar)

100m-2-'40-D-729-a

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 235

1 PLACE OF DEATH: Suffolk (County) Boston (City or Town) No. 45 Forrest St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME DORA BLUMENTHAL (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 45 Forrest St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? 4 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Blumenthal (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Russia (State or country)

PARENTS
13 NAME OF FATHER Asher Freedman
14 BIRTHPLACE OF FATHER (City) Russia (State or country)
15 MAIDEN NAME OF MOTHER (cannot be learned)
16 BIRTHPLACE OF MOTHER (City) Russia (State or country)

17 Informant Harry Blumenthal (Son)
(Address) 73 Union St. Natick

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or Other)
Health Officer 11/27/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 26 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from July 29 1938, to Nov. 26, 1941
I last saw her alive on Nov. 26, 1941, death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Coronary Thrombosis	11/26/41

Contributory causes of importance not related to principal cause:

Angina Pectoris	June 10/41

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Adams M.D., M. D.
(Address) 362 Stanley St. Date 11/26/1941

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop Cem. Everett (Cemetery) (City or town)
DATE OF BURIAL November 27, 1941

22 NAME OF UNDERTAKER Manuel Stanetsky
ADDRESS 10 Washington St. Dor.

Received and filed 19
(Registrar)

100m-9-33. No. 9321-a

NOTE: WHEN STILLBORN, LEAVE BLANK. AS A PERMANENT RECORD, Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45. *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-10-'39. No. 8427-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 236

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hosp. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Elizabeth Cronin (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 204 Lincoln St. Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital (Specify whether) — years — months 9 days. In this community 10 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of John M. Cronin (Husband's name in full)

6 Age of husband or wife if alive 67 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years — Months — Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: At home

10 Industry or Business: Housework

11 Social Security No. none

12 BIRTHPLACE (City) West Springfield (State or country) Mass.

PARENTS

13 NAME OF FATHER: William Henry Cawthorne

14 BIRTHPLACE OF FATHER (City) Manchester, England (State or country)

15 MAIDEN NAME OF MOTHER: Mary E. Kelliher

16 BIRTHPLACE OF MOTHER (City) Galway Ireland (State or country)

17 Informant John M. Cronin (Relation, if any: Husband) (Address) 204 Lincoln St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 26 (Day) 1941 (Year)

19 I HEREBY CERTIFY That I attended deceased from June 1, 1941, to Nov. 26, 1941

I last saw h. alive on Nov. 26, 1941 death is said to have occurred on the date stated above, at 8:30 p.m.

	Duration
Immediate cause of death: Bronchopneumonia	9 days
Anthrakotic pneumonia	1 day
Due to: Hypertrophic Cirrhosis	6 yrs.
Due to: Cancer of the Stomach	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis Hypertensive Heart Disease	

Major findings:
Of operations: Cancer Stomach Early — Date of 11/21/41
Of autopsy: — 11/21/41
What test confirmed diagnosis?

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify.
(Signed) (Thompson) M. D.
(Address) Winthrop Date 11/27 1941

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 29 1941

22 NAME OF FUNERAL DIRECTOR Leo M. Norton (Dooley Funeral Serv.)
ADDRESS Main St Malden

Received and filed ..... 19.....
(Registrar)

"name changed to Kelliher" "per undertaker, per notice"

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION .....

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R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 237

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Louis C. Mc Kenzie (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 51 Birch Rd. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) — years — months 21 days. In this community 23 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of May Benjamin McKenzie (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 69 years

7 IF STILLBORN, enter that fact here.

8 AGE 72 Years 5 Months 11 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Exutive

10 Industry or Business: Wholesale Druggist

11 Social Security No. 016-18-3332

12 BIRTHPLACE (City) Portland (State or country) Me.

PARENTS

13 NAME OF FATHER: Alexander McKenzie

14 BIRTHPLACE OF FATHER (City) (State or country) Scotland

15 MAIDEN NAME OF MOTHER: Jane Wilkie

16 BIRTHPLACE OF MOTHER (City) (State or country) Scotland

17 Informant Mrs. May E. McKenzie (Relation, if any: Wife)
(Address) 51 Birch Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William A. Childress
(Signature of Agent of Board of Health or other)

Agent — Nov. 28/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 26 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1941, to Nov. 26, 1941,
I last saw him alive on Nov. 26, 1941, death is said to have occurred on the date stated above, at 8:55 A.M.

Immediate cause of death	Duration (IMPORTANT)
Bronchopneumonia	3 days
Due to following partial gastrectomy because of	
Due to carcinoma of bladder	5 years
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of bladder
Date of 11/12/41
Of autopsy —
What test confirmed diagnosis? Biopsy

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robert E. Warren, M. D.
(Address) Winthrop, Mass. Date 11/29 1941

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 28, 1941

22 NAME OF FUNERAL DIRECTOR Richard F. White (BP)
ADDRESS 147 Winthrop St., Winthrop

Received and filed DEC 1 1941
(Registrar)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 238

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. McArthur McLeod (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 4 Pleasant St. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution hospital (Specify whether) — years — months 1 days. In this community 32 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of George McLeod (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years — Months — Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Housewife

10 Industry or Business: Own Home

11 Social Security No. None

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER: John McArthur

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Charlotte McLeod (Address) 4 Pleasant St Relation, if any (Daughter)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 11/28/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 27 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from November 10, 1941, to November 27, 1941. I last saw her alive on November 27, 1941, death is said to have occurred on the date stated above, at 10 P. m.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 wks
Due to Hypostatic Pneumonia	3 days
Due to Arteriosclerosis	2 yrs
Other conditions: none (Include pregnancy within 3 months of death)	

Major findings: Of operations none Date of ... Of autopsy none What test confirmed diagnosis? Clinical & Laboratory Tests

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jacob Abrams M. D.
(Address) 362 Shirley St. Date Nov 27 1941

21 Place of Burial, Cremation or Removal Winthrop (City or Town) Winthrop DATE OF BURIAL Dec 1 1941 19

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed NOV 28 1941 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is ma' . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

(City or town making return)

Registered No. 239

1 PLACE OF DEATH (County) (City or Town) No. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 F

length

3 SEX

5a If HUSBA

(or) W

6 Age

7 IF ST

8 AGE

Usu

9 Occ

Indu

10 or

11 Soc

12 BIR (St

PARENTS 13 14 (S 15 16

17 Infor (Addre

I HER filed w

(or town and state)

yrs. mos. days

(Year)

nded deceased from

....., 19.....

19....., death is said

....m.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

..... M. D.

ate..... 19.....

r Town)

..... 19.....

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

Received and filed..... 19.....

JAN 7 1942

A TRUE COPY ATTEST: (Registrar)

14H-1939-3 388

BUREAU OF RECORDS
DEPARTMENT OF HEALTH
BOROUGH OF BRONX

Certificate of Death

Certificate No. 8339

1941 SEP 9 PM 12 04

BORO-DEATH: 2
INSTITUTION: 440
BORO RESID.: 8
AREA-DIST.:
OCCUPATION: 944
NATIV. DEC.: 01
NATIV. MOTHER: 01
CAUSE 1: 057
CAUSE 2:
OPERATION: 1
TYPE ACCID.:
O. T. ACCID.:
ATT.-AUTOP.: 1
CEN.: 7

1. NAME OF DECEASED (Print): First Name Daniel; Middle Name B.; Last Name SANBORN; Social Security No. Unknown, if any

PERSONAL PARTICULARS
(May be filled in by Funeral Director)

2 USUAL RESIDENCE: (a) State Massachusetts
(b) Co. (c) Town or City Winthrop
(d) No. 364 Winthrop Street (If in rural area, give location) Apt.
(e) Length of residence or stay in City of New York immediately prior to death non-resident

3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

4 WIFE / HUSBAND of Ruth Alma Sanborn

5 DATE OF BIRTH OF DECEDENT (Month) October (Day) 21 (Year) 1898

6 AGE 42 yrs. mos. days; If LESS than 1 day, hrs. or min.

7 OCCUPATION
A Trade, profession, or particular kind of work, as spinner, sawyer, bookkeeper, etc. Teacher
B Industry or business in which work was done, as silk mill, sawmill, bank, etc. Grammar School

8 BIRTHPLACE OF DECEDENT (State or country) Massachusetts
9 How long in U. S. (if of foreign birth) Life

10 IF DECEASED WAS VETERAN, NAME WAR World War

PARENTS OF DECEASED
11 NAME OF FATHER OF DECEDENT Daniel B. Sanborn
12 BIRTHPLACE OF FATHER (State or country) United States (State unknown)
13 MAIDEN NAME OF MOTHER OF DECEDENT Caroline Jane (maiden name unknown)
14 BIRTHPLACE OF MOTHER (State or country) New Hampshire

15 SIGNATURE OF INFORMANT Information obtained from
RELATIONSHIP TO DECEASED records of deceased.
ADDRESS

MEDICAL CERTIFICATE OF DEATH
(To be filled in by the Physician)

16. PLACE OF DEATH:
(a) NEW YORK CITY: (b) Borough Bronx, New York
(c) Name of Hospital or Institution Veterans Administration (If not in hospital or institution, give street and number.)
(d) Length of stay at place of death immediately prior to death 12/28/40 to 9/8/41

17 DATE AND HOUR OF DEATH (Month) September (Day) 8 (Year) 1941 (Hour) 7:30 P.M.

18 SEX Male
19 Color or Race White
20 Approximate Age 42 years

21. I HEREBY CERTIFY that I attended the deceased from December 28 1940 to September 8 1941; that I last saw him alive on September 8 1941, and that the facts stated in items 16-20 are correct.

Statement of cause of death is based on (autopsy) (operation) (laboratory test) (clinical findings) (Cross out terms that do not apply.)

Principal cause of death	Date of Onset
Left frontal Neoplasm.	Unknown
Contributory causes and other conditions	

Autopsy: Date of None (If none, so state)
Operation: Date of January 15, 1941. January 27, 1941. (If none, so state)
Condition for which performed Ventriculogram left osteoplastic craniotomy.

Signature Carleton Bates M. D.
CARLETON BATES, M.D., Chief Medical Officer
Address 130 W. Kingsbridge Rd. Date September 9, 1941

22 PLACE OF BURIAL OR CREMATION Manchester, N. H.
DATE OF BURIAL OR CREMATION Sept. 9, 1941 Shipped

23 FUNERAL DIRECTOR E. Sheehan Inc. ADDRESS 404 W. 51 St. PERMIT NUMBER 1040

BUREAU OF RECORDS DEPARTMENT OF HEALTH CITY OF NEW YORK

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

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SPACE FOR ADDITIONAL INFORMATION _____

RM R-302

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 240

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ada B. Stimpson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 85 Crest Ave. St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years 1 months 11 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William McHenry Stimpson
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 82 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business:

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Union, N.H.

PARENTS

13 NAME OF FATHER: Daniel Burrows

14 BIRTHPLACE OF FATHER (City) (State or country): N.H.

15 MAIDEN NAME OF MOTHER: Hannah Stackpole

16 BIRTHPLACE OF MOTHER (City) (State or country): N.H.

17 Informant: Mary K. McPhillips
(Address): DSH (Relation, if any)

A TRUE COPY ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 12/1/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 30, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1937, to Sep. 30, 1941
I last saw her alive on Sep. 30, 1941, death is said to have occurred on the date stated above, at 12.35 p.m.

Immediate cause of death	Duration
Generalized arteriosclerosis	8 yrs
Chr. myocarditis	4 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis? clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) Myer Asekoff, M. D.
(Address) DSH Date 11/28/41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL Oct. 14, 1941

22 NAME OF FUNERAL DIRECTOR Charles A. Bennison
ADDRESS Winthrop

Received and filed DEC 11 1941 19
(Registrar of City or Town where deceased resided)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State of NEW HAMPSHIRE

State File No. _____
Registrar's No. 241

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Conway (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _____ (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community about 5 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County Unk.
(c) City or town Winthrop (If outside city or town limits, write RURAL)
(d) Street No. 41 Buckthorn Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME Edward H. Scribner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Ernestine Scribner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July (Month) 15 (Day) 1873 (Year)

8. AGE: Years 68 Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace North Attleboro, Mass. (City, town, or county) (State or foreign country)
10. Usual occupation retired
11. Industry or business _____
MOTHER FATHER
12. Name Horace M. Scribner
13. Birthplace Boston, Mass. (City, town, or county) (State or foreign country)
14. Maiden name Jennie D. Crab tree
15. Birthplace West Falmouth, Me. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Ernestine Scribner
(b) Address 41 Buckthorn Terrace, Winthrop, Mass.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1941 (Month) (Day) (Year)
(c) Place; burial or cremation Everett, Mass. Woodlawn Cemetery
18. (a) Signature of funeral director Cecil R. Read
(b) Address Conway, N.H.
19. (a) Oct. 17, 1941 (Date received local registrar) (b) Leslie C. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Oct. day 16 year 1941 hour _____ minute _____
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____: that I last saw h____ alive on _____, 19____: and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary occlusion	sudden
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature C. M. Wiggin (M. D. or other) M.D.
Address Conway, N.H. Date signed 10/16/41

8-6917 U. S. GOVERNMENT PRINTING OFFICE 16—13493

DEC 17 1934

R-302

Suffolk (County)

Boston (City or Town)

PLACE OF DEATH 1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Boston (City or town making return)

Registered No. 9167 242

No. Beth Israel Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Simon (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 160 Shore Drive St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: fem

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Arthur Simon
(Husband's name in full)

6 Age of husband or wife if alive 78 years

7 IF STILLBORN, enter that fact here.

8 AGE 65 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: at home

10 Industry or Business: .....

11 Social Security No. .....

12 BIRTHPLACE (City) (State or country): Russia

PARENTS

13 NAME OF FATHER: Julius Alpert

14 BIRTHPLACE OF FATHER (City) (State or country): Russia

15 MAIDEN NAME OF MOTHER: Fannie -

16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Anna Aronson (Address) (Relation, if any: dau)

A TRUE COPY. ATTEST: Francis J. Gray
(Registrar of city or town where death occurred)

DATE FILED 11/5/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 2 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/2/41, 19....., to 11/2/41, 19.....
I last saw h...er alive on 11/2/41, 19....., death is said to have occurred on the date stated above, at 11 A.m.

	Duration
Immediate cause of death: acute myocardial infarct	
recent myocardial infarct	4 wks
~~Due to~~ congestive failure	4 wks
bilateral hydrothorax	2 dys
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Date of .....
Of autopsy same as above
What test confirmed diagnosis? autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) S Stearns M. D.
(Address) ..... Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL
(Cemetery) (City or Town)
DATE OF BURIAL 19

22 NAME OF FUNERAL DIRECTOR .....
ADDRESS .....

Received and filed 19
(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided in another city or town at the time after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39. No. 8427-f

R-302

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided in another city or town at the time after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town)

BOSTON (City or town making return)

Registered No. 939143

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Brugman (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 64 Plummer Ave St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. (Specify whether) In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Theresa A Ahearn (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive 53 years

7 IF STILLBORN, enter that fact here.

8 AGE 53 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: truck driver

10 Industry or Business: ..

11 Social Security No. ..

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: Dirk Brugman

14 BIRTHPLACE OF FATHER (City) (State or country): Holland

15 MAIDEN NAME OF MOTHER: Catherine Ferron

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address): Frank Brugman (Relation, if any: son)

A TRUE COPY.

ATTEST: Francis J. Gray (Registrar of city or town where death occurred)

DATE FILED 11/13/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov 8 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/6/41, 19, to 11/8/41, 19

I last saw him alive on ....., 19, death is said to have occurred on the date stated above, at 9/45 P.m.

Immediate cause of death: cerebral hemorrhage — Duration: hrs

Due to ..

Due to ..

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations ..
Date of ..
Of autopsy ..
What test confirmed diagnosis? ..

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? ..
If so, specify ..

(Signed) M W O'Connell, M. D.
(Address) Boston Date ..., 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Mass (City or Town)

DATE OF BURIAL Nov 11 1941 19

22 NAME OF FUNERAL DIRECTOR C H Treanor

ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

11 R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk (County); Boston (City or Town)

BOSTON (City or town making return)

Registered No. 9351 244

No. Palmer Memorial Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George E Parker (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 201 Main St. Winthrop Mass (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of – (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 84 Years 10 Months 23 Days | If less than 1 day Hours Minutes

9 Usual Occupation: switchman

10 Industry or Business: B & A retired

11 Social Security No.

12 BIRTHPLACE (City) (State or country): E Hartford Conn

PARENTS
13 NAME OF FATHER: Edmund A Parker
14 BIRTHPLACE OF FATHER (City) (State or country): Delaware Co NY
15 MAIDEN NAME OF MOTHER: Emily J-
16 BIRTHPLACE OF MOTHER (City) (State or country): Wilmington Del

17 Informant: Mrs Violet Pentleton Relation, if any: friend
(Address)

A TRUE COPY.
ATTEST: Francis J Gay
(Registrar of city or town where death occurred)

DATE FILED 11/13/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov 8 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/23/41, 19, to 11/8/41, 19
I last saw h. 1m. alive on 11/41, 19, death is said to have occurred on the date stated above, at 3/20A m.

	Duration
Immediate cause of death: carcinoma of rectum	3 yrs?
Due to	
Due to metastases to bone & lungs –	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Date of
Of autopsy ca of rectum
What test confirmed diagnosis?

PHYSICIAN — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) C C Franseen M. D.
(Address) Boston Date 11/9/ 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Woodlawn Crem Everet (Cemetery) (City or Town)
DATE OF BURIAL Nov 12 1941 19

22 NAME OF FUNERAL DIRECTOR L E Parker
ADDRESS Boston

Received and filed 19
(Registrar of City or Town where deceased resided)

of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

M R-305

WRITE PLAINLY WITH INKS

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

Suffolk

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

Boston (City or town making return) 245

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Registered No. 9392

1 PLACE OF DEATH (County) Boston (City or Town)

No. St Elizabeth's Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles F Adams (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 115 Main St. Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of stay: In hospital or institution ... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Mary J Quinlan (Give maiden name of wife in full)
(or) WIFE of ... (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 35 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: truck driver

10 Industry or Business: -

11 Social Security No. ...

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER: Frederick S Adams

14 BIRTHPLACE OF FATHER (City) (State or country): New Brunswick

15 MAIDEN NAME OF MOTHER: Elizabeth A Dunn

16 BIRTHPLACE OF MOTHER (City) (State or country): Boston Mass

17 Informant (Address): George Adams (Relation, if any: bro)

A TRUE COPY. Francis J. Tan

ATTEST: ... (Registrar of city or town where death occurred)

DATE FILED 11/13/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov 9 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

traumatic intracranial hemorrhage
continued around occipital scalp
fracture dislocation left knee

20 Accident, suicide, or homicide (specify) accidental

Date of occurrence Nov 8 1941 19

Where did Injury occur? Boston (City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? Highway (Specify type of place)

Manner of Injury said to have been injured by an auto at Boston Nov 8 1941

Nature of Injury Pedestrian

While at work? ... Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) W J Brickley M. D.

(Address) Boston Date 11/9/19 41

22 Place of Burial, Cremation or Removal: St Patrick's (City or Town) Stoneham

DATE OF BURIAL Nov 12 1941 19

23 NAME OF FUNERAL DIRECTOR: C H Treanor

ADDRESS Boston

Received and filed ... 19

(Registrar of City or Town where deceased resided)

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 246

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Station Hospital, Fort Banks, Mass. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ROBERT (~~None~~) KENNEDY (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 82 Greenwood ~~Street~~ St. Melrose, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years 3 months 5 days. In this community — yrs. 3 mos. 5 days. (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of —— (Give maiden name of wife in full)

(or) WIFE of —— (Husband's name in full)

6 Age of husband or wife if alive —— years

7 IF STILLBORN, enter that fact here.

8 AGE 20 Years 10 Months 14 Days | If less than 1 day — Hours — Minutes

9 Usual Occupation: Soldier

10 Industry or Business: U. S. Army

11 Social Security No. ——

12 BIRTHPLACE (City) (State or country) Stoneham, Massachusetts

PARENTS

13 NAME OF FATHER: John F. Kennedy

14 BIRTHPLACE OF FATHER (City) (State or country): Malden, Massachusetts

15 MAIDEN NAME OF MOTHER: Marguerite Fairfield

16 BIRTHPLACE OF MOTHER (City) (State or country): Franklin, Massachusetts

17 Informant: John F. Kennedy (Relation, if any: Father)
(Address) 82 Greenwood St., Melrose, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childeres
(Signature of Agent of Board of Health or other)

Health Officer 12/3/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 2, (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from August 26, 1941, to December 2, 1941

I last saw him alive on December 2, 1941, death is said to have occurred on the date stated above, at 11:05a.m.

	Duration
Immediate cause of death: Appendicitis, acute.	Aug. 25
Peritonitis, acute.	Aug. 30
Due to Subphrenic abscess.	Sept. 5
Pelvic abscess, acute.	Aug. 30
Due to Cholecystitis, acute, suppurative, obstructive.	Sept. 10
Fecal fistulae, acute.	Aug. 30
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Appendectomy--Appendicitis, acute. Cholecystotomy--Cholecystitis, acute. Date of Aug. 26/41

Of autopsy None

What test confirmed diagnosis? —

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Platt R. Powell, 1st Lt., M.C., M. D.

(Address) Fort Banks, Mass. Date Dec. 2 1941

21 Wyoming Melrose
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 5 1941

22 NAME OF FUNERAL DIRECTOR Henry L. Thurston
ADDRESS 254 Beach St Revere

Received and filed DEC 5 1941 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths **from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION _____

R-301 A

REVERE NOTIFIED

JAN 6 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 247

1 PLACE OF DEATH
Suffolk (County)
Winthrop ~~Highlands~~ (City or Town)
No. 6 Argyle ~~St., Winthrop Highlands.~~ St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

PHYSICIAN - IMPORTANT

2 FULL NAME CHARLES E. WALLACE. (If deceased is a married, widowed or divorced woman, give also maiden name.)

(Was deceased a U. S. War Veteran, If so specify WAR)

(a) Residence. No. 144 Kimball Ave., Revere. St. (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. (Before death) (Specify whether) In this community 30 yrs. mos. 30 days.

Change for Mr. Crosby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Margaret E. Hurney (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 78 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Teamster.

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) New Bedford (State or country) Mass.

PARENTS

13 NAME OF FATHER John Wallace.

14 BIRTHPLACE OF FATHER (City) (State or country) New Bedford, Mass.

15 MAIDEN NAME OF MOTHER Helen Morse,

16 BIRTHPLACE OF MOTHER (City) Boston, (State or country) Mass.

17 Informant Mrs. Helen M. Richards Relation, if any daughter
(Address) 144 Kimball Ave., Revere.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

Dec. 5 '41
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 3, 1941. (Month) (Day) (Year)

19 I HEREBY CERTIFY, that I attended deceased from Oct 15, 1941, to Dec 3, 41, 19

I last saw him alive on Dec 3, 1941, death is said to have occurred on the date stated above, at 11.15 P.M.

Immediate cause of death	Duration IMPORTANT
Acute Cardiac Dilatation	12-3-41
Due to Chron myocarditis	1936
Due to Gen. arteriosclerosis	1936

Other conditions (Include pregnancy within 3 months of death)

IMPORTANT

Major findings: Of operations —

Date of —

Of autopsy — Confirmed by

What test confirmed diagnosis? Auscultation

Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harold J. Hyssong M. D.
(Address) 620 Beach St. Revere Date 12-4 1941

21 Mt. Calvary Boston.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 6, 1941. 19

22 NAME OF FUNERAL DIRECTOR F. J. Crosby
ADDRESS 867 Beacon St. Boston.

Received and filed DEC 6 1941 19
(Registrar)

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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1 R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 248

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town) — No. 28 Pebble Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bernard F. Hanrahan
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) None

(a) Residence. No. 28 Pebble Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution None years months days. In this community 15 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Elizabeth M. French (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 60 years

7 IF STILLBORN, enter that fact here.

8 AGE 66 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Contractor

10 Industry or Business: Construction

11 Social Security No. None

12 BIRTHPLACE (City) East Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER James D. Hanrahan

14 BIRTHPLACE OF FATHER (City) Ireland (State or country)

15 MAIDEN NAME OF MOTHER Alice A. Keenan

16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Mrs Elizabeth Hanrahan (Relation, if any Wife)
(Address) 28 Pebble Avenue

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chaldrey
(Signature of Agent of Board of Health or other)
Health Officer 12/8/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 5. 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 1. 1941, to Dec. 5. 1941
I last saw him alive on Dec 5, 1941, death is said to have occurred on the date stated above, at 2 P. m.

	Duration
Immediate cause of death: Acute Pulmonary edema	IMPORTANT 2 days
Due to: Chronic myocarditis	1 yr
Due to: Chronic Interstitial nephritis	1 yr
Other conditions (Include pregnancy within 3 months of death): Diabetes.	1 yr

Major findings: Of operations: None
Date of
Of autopsy —
What test confirmed diagnosis? None

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George H. Schwartz, M. D.
(Address) 19 Principio St Date 12/8 1941

21 Place of Burial, Cremation or Removal: Winthrop (City or Town)
DATE OF BURIAL December 8, 1941

22 NAME OF FUNERAL DIRECTOR R. C. Kirby
ADDRESS 17 Bennington St. East Boston

Received and filed 19
(Registrar)

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-303A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 249

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 233 Winthrop St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice A Hicks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 233 Winthrop St. Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — (Specify whether) years months days. In this community 32 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years 6 Months 1 Days | If less than 1 day Hours Minutes

9 Usual Occupation: none

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Westport (State or country) Nova Scotia

PARENTS

13 NAME OF FATHER: Charles F. Hicks

14 BIRTHPLACE OF FATHER (City) (State or country): Nova Scotia

15 MAIDEN NAME OF MOTHER: Elmira Utley

16 BIRTHPLACE OF MOTHER (City) (State or country): Nova Scotia

17 Informant: Frederick Hicks (Relation, if any: Nephew)
(Address) 107 Lexington Ave., Providence R. I.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Chaldkey (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/9/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec — 5 — 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Gas Poisoning
Asphyxiation by Carbon Monoxide

20 Accident, suicide or homicide (specify) Suicide
Date of occurrence Dec - 6 - 5 (Dr. Brickley) 1941
Where did Injury occur? Winthrop, Mass. (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
Manner of Injury Found dead in her kitchen
Nature of Injury
While at work? — Was there an autopsy? Yes

21 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) John J. Brickley, M. D.
(Address) Boston Date Dec 6 1941

22 Place of Burial, Cremation or Removal: Winthrop (City or Town)
DATE OF BURIAL Dec. 9, 1941 19

23 NAME OF FUNERAL DIRECTOR Richard J. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed 19
(Registrar)

NOTE: WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

25m-2-'40-D-729-b

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap.* 38, *Sec.* 6.

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

ORM R-301

JAN 9 1942

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 250

1 PLACE OF DEATH
Suffolk (County)
Winthrop, Mass. (City or Town)
No. ~~110 Lincoln St~~ Winthrop Cons. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alfred Sparling (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. Sachem St. Billerica St. Mass. (If nonresident, give city or town and state)
(Usual place of abode)
Length of stay: In hospital or institution Hospital (Specify whether) — years — months 49 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced, HUSBAND of Catherine A. Hearn (Give maiden name of wife in full)
(or) WIFE of ~~Father~~ (Husband's name in full)

6 Age of husband or wife if alive 65 years

7 IF STILLBORN, enter that fact here.

8 AGE 69 Years 6 Months 6 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Salesman

10 Industry or Business: Sands Taylor & Wood

11 Social Security No. 024-05-7766 per Board of Health

12 BIRTHPLACE (City) Follys Mountain
(State or country) Nova Scotia

PARENTS

13 NAME OF FATHER Wesley Sparling

14 BIRTHPLACE OF FATHER (City) Cannot be obtained
(State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Mary Ann Mac Lean

16 BIRTHPLACE OF MOTHER (City) Baddeck
(State or country) Nova Scotia

17 Informant Robert Sparling Relation, if any Son
(Address) Sachem St. Billerica, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) Dec. 7/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 6th (Day), Saturday 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 18, 1941, to December 6th, 1941. I last saw him alive on Dec. 5th, 1941, death is said to have occurred on the date stated above, at 5 30 A.m.

	Duration
Immediate cause of death: Hypostatic Pneumonia	Dec. 4th
Due to Cancer of Prostate	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations none Date of
Of autopsy none
What test confirmed diagnosis? Clinical

PHYSICIAN Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Goodie W. Atkinson, M. D.
(Address) Winthrop Mass. Date Dec. 6 1941

21 Place of Burial, Cremation or Removal: Oak Grove (City or Town) Medford
DATE OF BURIAL December 9, 1941

22 NAME OF FUNERAL DIRECTOR Austin G. Perry
ADDRESS Boston Rd. Billerica, Mass.

Received and filed 19

A TRUE COPY ATTEST: (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Per call to hospital
Wesley - per son Robert

200m-10-39. No. 8427-d

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION _____

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M R-303A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 251

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary J. Doole (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 104 Grovare St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) — years — months 21 days. In this community 45 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James Doole (Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 86 Years — Months — Days | If less than 1 day Hours ... Minutes

9 Usual Occupation: Housewife
10 Industry or Business: Own Home

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Saint John New Brunswick

PARENTS

13 NAME OF FATHER: ------Pulloy

14 BIRTHPLACE OF FATHER (City) (State or country): Cannot be learned

15 MAIDEN NAME OF MOTHER: Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned

17 Informant: Bessie Collins (Relation, if any: daughter)
(Address) 140 Circuit Road Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Tom D. Childeres M.D.
(Signature of Agent of Board of Health or other)

H.O. at Dec. 9/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Dec. 7 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Bronchio pneumonia
Senility
Fractured Femur

20 Accident, suicide or homicide (specify): accidental
Date of occurrence Nov. 16 1941
Where did Injury occur? Winthrop Mass. (City or Town and State)
Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
Manner of Injury: Fell accidentally in her home
Nature of Injury: on Nov. 16 1941
While at work? — Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Thos. J. Buckley, M. D.
(Address) Boston Date Dec. 9 1941

22 Place of Burial, Cremation or Removal: Holyhood Brookline (City or Town)
DATE OF BURIAL December 10 1941

23 NAME OF FUNERAL DIRECTOR: John F. O'Malley
ADDRESS: Winthrop Massachusetts

Received and filed ... 19 ...
(Registrar)

25m-2-'40-D-729-b

... PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition).*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition).*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —*General Laws, Chap. 38, Sec. 6.*

. . . He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

. . . The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anaesthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause* its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person).....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 252

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 47 Pearl Ave (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME May Schweig (If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR) No.

(a) Residence. No. 47 Pearl Ave. Winthrop (Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution (Before death) (Specify whether) years months days. In this community 20 yrs. — mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widower

5a If married, widowed, or divorced HUSBAND of Mollie Melamed (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 75 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: Tailor

10 Industry or Business: For himself

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Russia

PARENTS

13 NAME OF FATHER Hillel Schweig

14 BIRTHPLACE OF FATHER (City) (State or country) Russia

15 MAIDEN NAME OF MOTHER cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Morris Schweig Relation, if any Son
(Address) 47 Pearl Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent Dec. 9/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 (Month) 8 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1941, to Dec. 8, 1941

I last saw him alive on Dec. 8, 1941, death is said to have occurred on the date stated above, at 11:00 P.m.

Immediate cause of death

	Duration
Cardiac Decompensation	5 days
Due to Arteriosclerosis	
Bronchopneumonia	3 days
Due to Fract. Pt. Femur	10 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Date of

Of autopsy no

What test confirmed diagnosis? Clinical

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Charles Liberman M. D.
(Address) 26 Wave Way Ave Date 12/8/19 41

21 Pride of Boston Cem. Woburn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL December 9, 1941

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
ADDRESS 10 Washington St. Stor.

Received and filed 19

(Registrar)

N. B. WRITE PLAINLY WITH INK. Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

Malden Hospital

1942

PLACE OF DEATH

1 Suffolk (County)

Winthrop (City or Town)

~~No.~~ Station Hospital, Fort Banks, Mass. ~~St.~~ (If death occurred in a hospital or Institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 253

2 FULL NAME Baby Girl Spencer (If U. S. War Veteran, specify WAR)

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. ~~Station Hospital, Fort Banks, Mass.~~ 14 Sawyer Court St. -- Malden, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution -- years 0 months 0 days. 0 In this community 0 yrs. 0 mos. 0 days.
(Specify whether)

Residence per Birth Cert.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of -- (Give maiden name of wife in full)
(or) WIFE of -- (Husband's name in full)

6 Age of husband or wife if alive -- years

7 IF STILLBORN, enter that fact here. STILLBORN ✓

8 AGE 0 Years 0 Months 0 Days | If less than 1 day 0 Hours 0 Minutes

9 Usual Occupation: --

10 Industry or Business: --

11 Social Security No. --

12 BIRTHPLACE (City) Winthrop, Mass. (State or country)

PARENTS

13 NAME OF FATHER Lawrence ~~(None)~~ Spencer

14 BIRTHPLACE OF FATHER (City) ~~Not furnished~~ Saugus, Mass. (State or country)

15 MAIDEN NAME OF MOTHER Dorothy Eleanor Anderson

16 BIRTHPLACE OF MOTHER (City) Malden, Mass. (State or country)

per mrs Abel
Hospital

17 Informant Hazel D. Anderson (Relation, if any) (Grandmother)
(Address) 14 Sawyer Court, Malden, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 12/11/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 10, (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from -- , 19..., to -- , 19...

I last saw h~~er~~ ~~xxx~~ on December 10, 1941, death is said to have occurred on the date stated above, at 4:15 p.m.

Immediate cause of death Stillbirth; premature separation of placenta.

Due to --

Due to --

Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations --
Date of --
Of autopsy No
What test confirmed diagnosis? None

Duration IMPORTANT

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Platt R. Powell, 1st Lt., M.C., M. D.
(Address) Fort Banks, Mass. Date Dec. 11, 1941

Wakefield

21 Place of Burial, Cremation or Removal. Woodlawn Everett (City or Town)
DATE OF BURIAL Dec. 11 1941

22 NAME OF FUNERAL DIRECTOR Murray & Murray
ADDRESS 254 Beach St Revere

Received and filed DEC 1 1941 19...
(Registrar)

N B WRITE PLAINLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No **undertaker or other person** shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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N B WRITE PLAINLY WITH INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 254

1 PLACE OF DEATH: Suffolk (County) — Winthrop (City or Town)

No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene D. Hussey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 184 Circuit Rd., Winthrop St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution Hospital (Specify whether) — years — months 4 days. In this community 7 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Pauline Cooper Hussey (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive 56 years

7 IF STILLBORN, enter that fact here.

8 AGE 61 Years — Months 4 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Traffic Manager

10 Industry or Business: Dept. Store

11 Social Security No. 022-01-3686

12 BIRTHPLACE (City) Farmington (State or country) N. H.

PARENTS

13 NAME OF FATHER: Frank D. Hussey

14 BIRTHPLACE OF FATHER (City) Dover (State or country) N. H.

15 MAIDEN NAME OF MOTHER: Eva McDuffie

16 BIRTHPLACE OF MOTHER (City) (State or country) New Hampshire

17 Informant Mrs. Pauline C. Hussey Relation, if any Wife (Address) 184 Circuit Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) Dec. 14/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 12 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 9, 1941, to Dec 11 12, 1941

I last saw h alive on Dec 11, 1941, death is said to have occurred on the date stated above, at 12:01 AM m.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive blood pressure — IMPORTANT

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations — Date of
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) Domingo A. Cerda M. D.
(Address) 261 Highland Ave Westch, Mass Date Dec 13 1941

21 Place of Burial, Cremation or Removal Newton (City or Town)
DATE OF BURIAL Dec. 14, 1941 19

22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St., Winthrop, Mass.

Received and filed DEC 15 1941 19

(Registrar)

per tel call Dr. Cerda

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home.* For a woman whose only occupation was that of home housework, write *housework.* For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none.*

SPACE FOR ADDITIONAL INFORMATION.....

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 255

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town) No. 46 - Washington ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Mary Frances Barry Kirkpatrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN — IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 46 - Washington ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 48 yrs. — mos. — days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Francis Kirkpatrick
(Give maiden name of wife in full) (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here. —

8 AGE 82 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: at home

10 Industry or Business: at home

11 Social Security No. —

12 BIRTHPLACE (City) (State or country): Milford Mass

PARENTS

13 NAME OF FATHER: John Barry

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Catherine Sullivan

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: James Francis Kirkpatrick Relation, if any: Son
(Address) 46 - Washington ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. S. Childress
(Signature of Agent of Board of Health or other)

Health Officer 12/15/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: 12 (Month) 13 (Day) 41 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July, 1941, to 12/13, 1941, I last saw h. alive on 12/13, 1941, death is said to have occurred on the date stated above, at 7 p.m.

Immediate cause of death: Coronary thrombosis — Duration: 3 days

Due to: —

Due to: Gen. Arteriosclerosis — 8

Other conditions (Include pregnancy within 3 months of death): —

Major findings: Of operations: — Date of:

Of autopsy: —

What test confirmed diagnosis? —

IMPORTANT Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Henry [illegible], M. D.
(Address) Winthrop Date 12/15 1941

21 Mount Hope, Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Tuesday Dec 16 1941

22 NAME OF FUNERAL DIRECTOR C. R. Benson & Son
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 256

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. 15 George St. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret L Wilson Bloomer
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence, No. 15 George St. St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 40 yrs. — mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Francis Bloomer (Husband's name in full)

6 Age of husband or wife if alive Cannot be learned years

7 IF STILLBORN, enter that fact here.

8 AGE 60 Years — Months — Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: Sewing

10 Industry or Business: W.P.A.

11 Social Security No. 019 14 7224

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS

13 NAME OF FATHER Joseph Wilson

14 BIRTHPLACE OF FATHER (City)
(State or country) Finland

15 MAIDEN NAME OF MOTHER Margaret McKeon

16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Julia Mulrey Relation, if any (Sister)
(Address) Hermon St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Chalmers M.D.
(Signature of Agent of Board of Health or other)

Health Officer 12/24/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 22, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1941, to Dec 22, 1941
I last saw h. alive on Dec 21, 1941 death is said to have occurred on the date stated above, at 1 A.M.

	Duration
Immediate cause of death: Cerebral hemorrhage	IMPORTANT 1 day
Due to: Arterio sclerosis	10 y
Due to:	
Other conditions (include pregnancy within 3 months of death): —	

Major findings: Of operations — Date of
Of autopsy —
What test confirmed diagnosis? —

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) C. Raymond, M. D.
(Address) C. Washington Date 12-22 1941

21 Place of Burial, Cremation or Removal. Winthrop Mass (City or Town)
DATE OF BURIAL Dec. 24 1941

22 NAME OF FUNERAL DIRECTOR John H. O'Malley
ADDRESS Winthrop

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

N. B. WRITE PLAINLY WITH INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-2-'40-D-729-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 257

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)

No. 18 Cliff Ave. St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Mc Dermott Sharkey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 18 Cliff Ave. St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution None (Specify whether) years months days. In this community 15 yrs. mos. days.

Elizabeth McDermott Sharkey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Walter A Sharkey (Husband's name in full)

6 Age of husband or wife if alive 77 years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years — Months — Days | If less than 1 day Hours Minutes

9 Usual Occupation: housewife

10 Industry or Business: at home

11 Social Security No. none

12 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

13 NAME OF FATHER Patrick Mc Dermott

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Mary Dopherty (Doherty)

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Walter Sharkey (Relation, if any son)
(Address) 18 Cliff Ave Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress
(Signature of Agent of Board of Health or other)

Agent (Official Designation) Dec. 27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 24 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h. — alive on —, 19..., death is said to have occurred on the date stated above, at 4:30 P.M. m.

Immediate cause of death: Sudden death - Natural causes

Due to: Cardiac failure

Due to: Chronic myocarditis

Other conditions: hypertension

(Include pregnancy within 3 months of death)

Duration IMPORTANT

Major findings:
Of operations —
Date of —
Of autopsy —
What test confirmed diagnosis? clinical

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robert G. Morrison, M. D.

(Address) Winthrop Board of Health Winthrop Date 12/25 1941

21 Winthrop Cem. Place of Burial, Cremation or Removal. (City or Town) Winthrop

DATE OF BURIAL Dec. 27, 1941

22 NAME OF FUNERAL DIRECTOR Richard J. O'Neil

ADDRESS 147 Winthrop St Winthrop

Received and filed ..... 19...

(Registrar)

per tel call Mr. Mercey

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200m-10-'39. No. 8427-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) 258

Registered No. 339

1 PLACE OF DEATH: (County) Suffolk; (City or Town) Winthrop; No. 19 Sagamore Ave St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A Downey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Sagamore Ave St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution — years — months — days. (Specify whether) In this community — yrs. 10 mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~SINGLE~~ MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full) (or) WIFE of Timothy F Downey (Husband's name in full)

6 Age of husband or wife if alive — years

7 IF STILLBORN, enter that fact here.

8 AGE 79 Years — Months — Days; If less than 1 day Hours Minutes

9 Usual Occupation: Housework

10 Industry or Business: At Home

11 Social Security No. —

12 BIRTHPLACE (City) Westwood (State or country) Mass

PARENTS

13 NAME OF FATHER Thomas F Walsh

14 BIRTHPLACE OF FATHER (City) Co Waterford (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen McCarthy

16 BIRTHPLACE OF MOTHER (City) Co Waterford (State or country) Ireland

17 Informant Mary F Downey Relation, if any Daughter (Address) 19 Sagamore Ave Winthrop

1 HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childress (Signature of Agent of Board of Health or other)

Agent (Official Designation) Dec. 27/41 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 25 (Day) 1941 (Year)

19 I HEREBY CERTIFY. That I attended deceased from Nov 4, 1941, to Dec 25, 1941

I last saw h. alive on Dec 25, 1941, death is said to have occurred on the date stated above, at 5.05 P.m.

	Duration
Immediate cause of death Coronary Thrombosis	1 hr. 50 min
Due to Coronary Disease	2-3 yrs
Due to Hypertensive Heart Disease + Cerebral Sclerosis	3 yrs
Other conditions Left Hemiplegia (Include pregnancy within 3 months of death) Hemiplegia	7 wks 2 days

Major findings:
Of operations ... Date of
Of autopsy ...
What test confirmed diagnosis? Clinical

PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Richard M Kelly, M. D.

(Address) 148 Winthrop St Winthrop Date Dec 25 1941

21 Holyhood Brookline
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 29 1941

22 NAME OF FUNERAL DIRECTOR Edward J Mulvaney
ADDRESS 40 Common St Walpole

Received and filed ... 19

A TRUE COPY ATTEST: (Registrar)

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION

M R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 259

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alban Bertram de Mille
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 39 Ingleside Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution Hospital years – months 1 days. In this community 20 yrs. – mos. – days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced. HUSBAND of A. Madeline S. Barker
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive 62 years

7 IF STILLBORN, enter that fact here.

8 AGE 68 Years 9 Months 19 Days | If less than 1 day Hours Minutes

9 Usual Occupation: Professor of English

10 Industry or Business: Simmons College

11 Social Security No. –

12 BIRTHPLACE (City) Halifax
(State or country) Nova Scotia

PARENTS

13 NAME OF FATHER James de Mille

14 BIRTHPLACE OF FATHER (City) Saint John
(State or country) New Brunswick

15 MAIDEN NAME OF MOTHER Annie Prior

16 BIRTHPLACE OF MOTHER (City) Halifax
(State or country) Nova Scotia

17 Informant Mrs. A. Madeline S. deMille (Relation, if any Wife)
(Address) 39 Ingleside Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent Dec. 27/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 26 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 11, 1941, to December 26, 1941
I last saw him alive on Dec. 25, 1941, death is said to have occurred on the date stated above, at 2:50 A.m.

Immediate cause of death	Duration
Pulmonary edema	24 hrs
Due to Pulmonary embolus	3 days
Due to Rheumatic heart disease	50 yrs
Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis	years

IMPORTANT Physician — Underline the cause to which death should be charged statistically.

Major findings:
Of operations –
Date of –
Of autopsy –
What test confirmed diagnosis? –

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) William D. Norman, M. D.
(Address) Winthrop, Mass. Date 12-26 1941

21 Place of Burial, Cremation or Removal. Mount Auburn Cambridge (City or Town)
DATE OF BURIAL December 29, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison, W.C.
ADDRESS Winthrop

Received and filed 19
(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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1 R-301 A

terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

If deceased was a U. S. War Veteran, G. L. Chap. 46, Section 10, requires physicians to insert a recital to that effect.

100m (d)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 260

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town); No. 69 Temple Avenue St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Maria (Boland) Powers
(If deceased is a married, widowed or divorced woman, give also maiden name.)

PHYSICIAN - IMPORTANT (Was deceased a U. S. War Veteran, if so specify WAR)

(a) Residence. No. 69 Temple Avenue St.
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution — years months days. In this community 28 yrs. — mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of William A. Powers
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 83 Years 11 Months 9 Days | If less than 1 day Hours Minutes

9 Usual Occupation: At home

10 Industry or Business: —

11 Social Security No. —

12 BIRTHPLACE (City) Leominster
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Laurence Boland

14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)

15 MAIDEN NAME OF MOTHER Unable to obtain

16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Frank R. Powers (Relation, if any Son)
(Address) 69 Temple Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 12/28/41
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 27 (Day) 1941 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6-27, 1939, to 12-27, 1941

I last saw h. alive on 12-20, 1941, death is said to have occurred on the date stated above, at 5 A.M.

Immediate cause of death — Duration — IMPORTANT

Carcinoma of Sigmoid — 1 yr.

Due to — Sigmoid

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Date of

Of autopsy

What test confirmed diagnosis? —

IMPORTANT — Physician — Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry W. Kelly M. D.
(Address) Winthrop Date 12/31 1941

21 Place of Burial, Cremation or Removal. St. Johns Cemetery (City or Town) Clinton Mass
DATE OF BURIAL December 29, 1941

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop, Mass

Received and filed 19

(Registrar)

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . Gen. Laws, Chap. 46, Sec. 9.

A physician or officer furnishing a certificate of death as required by the preceding section or by section forty-five of chapter one hundred and fourteen, shall, if the deceased, to the best of his knowledge and belief, served in the army, navy or marine corps of the United States in any war in which it has been engaged, insert in the certificate a recital to that effect, specifying the war, and shall also certify in such certificate both the primary and the secondary or immediate cause of death as nearly as he can state the same. For neglect to comply with any provision of this section, such physician or officer shall forfeit ten dollars. For the purposes of this section and of sections forty-five, forty-six and forty-seven of said chapter one hundred and fourteen, the word "war" shall include the China relief expedition and the Philippine insurrection, which shall, for said purposes, be deemed to have taken place between February fourteenth, eighteen hundred and ninety-eight and July fourth, nineteen hundred and two, and the Mexican border service of nineteen hundred and sixteen and nineteen hundred and seventeen. G. L. Chap. 46, Sec. 10.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—Chap. 114, Sec. 45, G. L., (Tercentenary Edition).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . Chap. 114, Sec. 46, G. L., (Tercentenary Edition).

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same; . . . —General Laws, Chap. 38, Sec. 6.

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) Attending physicians will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) Board of Health physicians will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) Medical Examiners will investigate and certify to all deaths supposably due to injury. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease, and those of persons found dead.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housework. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as housekeeper—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

SPACE FOR ADDITIONAL INFORMATION .....

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M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 261

1 PLACE OF DEATH
Sufflok (County)
Winthrop (City or Town)
No. 50 Wilshire St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Banks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 50 Wilshire St. (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years ..... months ..... days. (Specify whether) In this community 25 yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Minnie ? (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 77 Years 2 Months 6 Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Slaesman

10 Industry or Business: Manufactures Agent

11 Social Security No. None

12 BIRTHPLACE (City) Windsor (State or country) Novia Scotia

PARENTS

13 NAME OF FATHER: Benjamin N Banks

14 BIRTHPLACE OF FATHER (City) ..... (State or country) Novia Scotia

15 MAIDEN NAME OF MOTHER: Elizabeth Gabriel

16 BIRTHPLACE OF MOTHER (City) ..... (State or country) Novia Scotia

17 Informant Harry H Banks (Relation, if any: Son)
(Address) 50 Wilshire St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

H.O.
(Official Designation)

Jan. 2 1942
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 30 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 30 1941, to Dec. 30, 1941
I last saw h alive on Dec. 30 1941, death is said to have occurred on the date stated above, at 6.45 a.m.

Immediate cause of death — Duration
Bronchial Pneumonia — 14 days
Due to
arteric sclerosis — yr.
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

IMPORTANT PHYSICIAN: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward J. Granger, M. D.
(Address) 200 Washington St. Date Jan. 1 1942

21 Place of Burial, Cremation or Removal: Woodlawn (City or Town) Everett
DATE OF BURIAL Jan. 2 1941

22 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop Mass.

Received and filed JAN 3 1942 (Registrar)

100m-2-'40-D-729-a

INSTRUCTIONS: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

EXTRACTS FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A **physician or registered hospital medical officer** shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, definded as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death . . . *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition*).

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . . *Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition*).

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause.

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the usual occupation prior to illness. If the deceased had retired from business, report the usual occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework*. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

SPACE FOR ADDITIONAL INFORMATION.....

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RM R-302

WRITE PLAINLY WITH INDELIBLE PENCIL

Copies of returns of deaths recorded during the previous month which occurred in your city or town in case the deceased resided in another city or town at the time of death should be made forthwith and transmitted on Form R-302 to the clerk of the city or town in which the deceased resided. (See Chap. 46, Sec. 12, G. L.)

50m (e)-1-41-4667

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 262

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Calvin White (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 104 Highland St. Winthrop
(Usual place of abode) (If nonresident, give city or town and State)

Length of stay: In hospital or Institution ..... years months 2 days. In this community yrs. mos. days.
(Before death) (Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE (write the word) MARRIED WIDOWED or DIVORCED: widowed

5a If married, widowed, or divorced
HUSBAND of Cannot be learned
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ..... years

7 IF STILLBORN, enter that fact here.

8 AGE 74 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: Ret. travelling salesman

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) (State or country) Kansas

PARENTS

13 NAME OF FATHER Cannot be learned

14 BIRTHPLACE OF FATHER (City) (State or country) Cannot be learned

15 MAIDEN NAME OF MOTHER Cannot be learned

16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned

17 Informant M.K.McPhillips (Relation, if any)
(Address) DSH

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 1/12/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 10, 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1941 to Dec. 10, 1941
I last saw him alive on Dec. 10, 1941 Death is said to have occurred on the date stated above, at 9 P. m.

Immediate cause of death	Duration
Generalized arteriosclerosis	10yrs
Arteriosclerotic heart dis	10yrs
Congestive heart failure	2 days
Due to Terminal Bronchopneumonia	2days
Due to	

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Date of
Of autopsy
What test confirmed diagnosis? clinical

Physician: Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Abraham Gardner M. D.
(Address) DSH Date 1/9/42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or Town)
DATE OF BURIAL 12/13/41 19

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop

Received and filed JAN 12 1942 19
(Registrar of City or Town where deceased resided)

M R-302

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-39, No. 8427-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

263

(City or town making return)

Registered No. 10620

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. 78 Glendale St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnes Pedersen (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 53 Lewis Ave St. Winthrop Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution (Specify whether) years months days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Gustav P Pedersen
(Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 63 Years 4 Months 16 Days | If less than 1 day Hours Minutes

9 Usual Occupation:

10 Industry or Business: at home

11 Social Security No.

12 BIRTHPLACE (City) Norway
(State or country)

PARENTS

13 NAME OF FATHER Hoseas Kristiansen

14 BIRTHPLACE OF FATHER (City)
(State or country) Norway

15 MAIDEN NAME OF MOTHER --

16 BIRTHPLACE OF MOTHER (City)
(State or country) Norway

17 Informant Ralph Pedersen (Relation, if any son)
(Address)

A TRUE COPY.
ATTEST: Francis
(Registrar of city or town where death occurred)

DATE FILED 12 26/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 21 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from viewed body, 19, to 12/21/41, 19
I last saw h. alive on, 19, death is said to have occurred on the date stated above, at 7/30 P.m.

Immediate cause of death — Duration
chronic myocarditis — 2 yrs
Due to arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Date of
Of autopsy
What test confirmed diagnosis?

PHYSICIAN
Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) P E A Sheridan M. D.
(Address) Boston Date 12/21 19 41

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or Town)
DATE OF BURIAL Dec 24 1941 19

22 NAME OF FUNERAL DIRECTOR H E Reynolds
ADDRESS Winthrop

Received and filed 19
JAN 15 1942
(Registrar of City or Town where deceased resided)

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

Suffolk (County)

Boston (City or Town)

PLACE OF DEATH 1

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Boston (City or town making return)

264

Registered No. 10799

No. en route to E B Relief Sta St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Stone (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 29 Crystal Cove Ave St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 Age of husband or wife if alive ... years

7 IF STILLBORN, enter that fact here.

8 AGE 64 Years 4 Months 30 Days | If less than 1 day ... Hours ... Minutes

9 Usual Occupation: stat fireman

10 Industry or Business: Comm Mass M D C

11 Social Security No.

12 BIRTHPLACE (City) (State or country): Boston Mass

PARENTS

13 NAME OF FATHER: Charles O Stone

14 BIRTHPLACE OF FATHER (City) (State or country): Sweden

15 MAIDEN NAME OF MOTHER: Mathilda Ehrenholm

16 BIRTHPLACE OF MOTHER (City) (State or country): Sweden

17 Informant (Address): Mrs Mary MacKay (Relation, if any: sister)

A TRUE COPY.
ATTEST: Francis J Gay
(Registrar of city or town where death occurred)

DATE FILED 12/31/41 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Dec 24 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
crush of chest;
compound fractures of both legs and right arm

20 Accident, suicide, or homicide (specify): presumably accidental

Date of occurrence: Dec 24 1941 19

Where did Injury occur? ?Boston
(City or town and State)

Did injury occur in or about the home, on farm, in industrial place, or in public place? street
(Specify type of place)

Manner of Injury: said to have been injured by

Nature of injury: an auto at E Boston Dec 24/41

While at work? no Was there an autopsy? no

21 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) W J Brickley, M. D.
(Address) Boston Date 12/29/41

22 Place of Burial, Cremation or Removal: Winthrop Winthrop Mass
(City or Town)
DATE OF BURIAL Dec 29 1941 19

23 NAME OF FUNERAL DIRECTOR: R W White
ADDRESS: Winthrop

Received and filed ... 19
JAN 15 1942
(Registrar of City or Town where deceased resided)

M R-305

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-305 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

25m-10-'39. No. 8427-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY

COPY OF MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 265

1 PLACE OF DEATH: Essex (County); Danvers (City or Town); No. Danvers State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fred S. Hayward (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 125 Cliff Ave. St. Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution (Specify whether) years months 1 days. In this community yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Frances Haigh (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 Age of husband or wife if alive years

7 IF STILLBORN, enter that fact here.

8 AGE 76 Years Months Days | If less than 1 day Hours Minutes

9 Usual Occupation: Retired hotel manager

10 Industry or Business:

11 Social Security No. Cannot be learned

12 BIRTHPLACE (City) Gilson, (State or country) N.H.

PARENTS

13 NAME OF FATHER George N. Hayward

14 BIRTHPLACE OF FATHER (City) Gilson, (State or country) N.H.

15 MAIDEN NAME OF MOTHER Viana Barrett

16 BIRTHPLACE OF MOTHER (City) Gilson, (State or country) N.H.

17 Informant Mary K. McPhillips (Address) DSH Relation, if any)

A TRUE COPY.
ATTEST: A Preston Chase
(Registrar of city or town where death occurred)

DATE FILED 1/16/42 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 27, 1941 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Cancer of prostate and chronic myocarditis and chronic adherent pericarditis

20 Accident, suicide, or homicide (specify)
Date of occurrence 19
Where did Injury occur? (City or town and State)
Did injury occur in or about the home, on farm, in industrial place, or in public place? (Specify type of place)
Manner of Injury
Nature of Injury
While at work? Was there an autopsy? yes

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W.P. Murphy M. D.
(Address) Peabody Date 12/27/41 19

22 Place of Burial, Cremation or Removal. Winthrop Winthrop (City or Town)
DATE OF BURIAL 12/29/41 19

23 NAME OF FUNERAL DIRECTOR Howard S. Reynolds
ADDRESS Winthrop

Received and filed 19
FEB 7 1942
(Registrar of City or Town where deceased resided)

M R-302

266

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

COPY OF CERTIFICATE OF DEATH

(City or town making return)

Registered No. ~~10913~~

1 PLACE OF DEATH (County) ..... (City or Town) .....

No. Boston City Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Levey (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 304 Shirley St. Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of stay: In hospital or institution ..... years months days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): divorced

5a If married, widowed, or divorced
HUSBAND of .....
(Give maiden name of wife in full)
(or) WIFE of Israel Sternberg
(Husband's name in full)

6 Age of husband or wife if alive 52 years

7 IF STILLBORN, enter that fact here.

8 AGE 54 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

9 Usual Occupation: .....

10 Industry or Business: at home

11 Social Security No. .....

12 BIRTHPLACE (City) Russia
(State or country)

PARENTS

13 NAME OF FATHER: Joseph Levey

14 BIRTHPLACE OF FATHER (City) Russia
(State or country)

15 MAIDEN NAME OF MOTHER: Rose Leah -

16 BIRTHPLACE OF MOTHER (City) Russia
(State or country)

17 Informant Abraham Levey (Relation, if any bro)
(Address)

A TRUE COPY.

ATTEST: .....
(Registrar of city or town where death occurred)

DATE FILED 1/3/42 19.....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 31 1941
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from was a patient
12/10/41, 19....., to 12/31/41, 19.....

I ~~last saw~~ h..... alive on ....., 19....., death is said to have occurred on the date stated above, at 11/41 P.M.

	Duration
Immediate cause of death	
cerebral hemorrhage	wks
Due to broncho pneumonia	dys
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
..... Date of .....
Of autopsy .....
What test confirmed diagnosis? .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

20 Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) M W O'Connell, M. D.
(Address) Boston Date 1/1 19 42

21 PLACE OF BURIAL, CREMATION OR REMOVAL Pride of Jacob W Rox
(Cemetery) (City or Town)
DATE OF BURIAL Jan 1 1942 19.....

22 NAME OF FUNERAL DIRECTOR H Levine
ADDRESS Brookline

Received and filed ..... 19.....
JAN 15 1942
(Registrar of City or Town where deceased resided)

Copies of returns of deaths which occurred in your city or town in case the deceased resided in another city or town at the time of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided as soon as possible after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f